

APPENDIX “F-2”

UBCP/ACTRA
 UNION OF B.C. PERFORMERS
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MINORS – A2708 Request for Variance Form

To be emailed/faxed to the Union Representative – URGENT – 24 hours prior or one (1) business day preceding a weekend

Prior to applying for any variance requests pursuant to A2708 the Producer must ensure the following:

- All reasonable alternatives have been explored
- The parent/guardian agrees that the variance is necessary or is the only reasonable alternative
- The health and welfare of the Minor will not be thereby impaired and will be protected

Production:	Type:
Name of Minor:	DOB:
Role:	
SAG-AFTRA Memorandum of Agreement Production? Y/N	
If Yes, name of SAG-AFTRA Contact (if applicable and known):	
Not applicable if a direct SAG-AFTRA signatory	
Type of Variance (please check one)	
<input type="checkbox"/> A2703(b) Parent/Guardian ratio	<input type="checkbox"/> A2703(l) Days Worked per Workweek
<input type="checkbox"/> A2705(c) Extension of Work Window	<input type="checkbox"/> A2706(d) Adequate Time Per Day
<input type="checkbox"/> A2706(f) Banking Tutoring Time	
Details of the Variance request:	
Reason for the request:	
Please detail the Minor’s schedule, preceding and after the requested day(s), including tutoring:	
Name of Parent/Guardian:	Phone:
Email:	
Parent Guardian/Authorization	
I, _____, the parent/guardian of _____, understand the request being made by production, as outlined above, is necessary or the only reasonable alternative and hereby grant my permission.	
I understand that I may discuss this matter with the Union Representative and/or my Child’s Agent prior to signing.	
Signature	Date
Name of Production Contact:	
Phone:	Phone

Supporting Documentation **must** be attached - please provide the current One Liner schedule and any other supporting documentation.