

APPENDIX "F-2"

UBCP/ACTRA

UBCP/ACTRA
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MINORS – A2208 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 A2208 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"/> A2203(b) Parent/Guardian/Chaperone ratio		<input type="checkbox"/> A2203(k) Five (5) Out of Seven (7) Day Workweek	
<input type="checkbox"/> A2205(c) Work Window Per Day Extension		<input type="checkbox"/> A2206(e) Adequate Time Per Day	
<input type="checkbox"/> A2206(g) 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 Minor'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.