|  |  |
| --- | --- |
| **PROD. NUMBER** | **PRODUCTION TITLE** |
|  |  |

|  |  |
| --- | --- |
| Name and age of minor: |  |
| Describe proposed modification(s) to the Minor Labor Policy (be specific)  |  |
| Reason for the proposed modification(s) |  |

**Understood and agreed by:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| PARENT OR LEGAL GUARDIAN’S NAME |  | SIGNATURE |  | PHONE |  | DATE |
|  |  |  |  |  |  |  |
| PRODUCER’S NAME |  | SIGNATURE |  | PHONE |  | DATE |

**Approved by:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| HEAD OF PRODUCTION’S NAME |  | SIGNATURE |  | PHONE |  | DATE |