HOTEL WORKER TRAINING ORDINANCE WAIVER

EXEMPTION THAT REQUIRES OFFICE OF WAGE STANDARDS (OWS) APPROVAL

This application for the Hotel Worker Training Ordinance Waiver must be submitted along with supporting documents to: **wagesla@lacity.org; or Office of Wage Standards, 1149 S. Broadway, Suite 300, Los Angeles, CA 90015.**

INACCURATE OR INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Los Angeles Municipal Code (LAMC) Section 182.23 of the Hotel Worker Training Ordinance (HWTO) allows Hotel Employers, as defined by LAMC Section 182.21.H to be granted a waiver from the requirements of the HWTO for one (1) year. Hotel Employers must be able to demonstrate that compliance with the Ordinance would require the Hotel Employer, in order to avoid bankruptcy or a shutdown of the Hotel Employer's Hotel, to reduce its workforce by more than 20% or reduce its Hotel Workers' total hours by more than 30%. The OWS shall grant the one-year waiver after reviewing a Hotel Employer's financial condition at the Hotel Employer's expense. A determination by the OWS to grant or deny a request for waiver may be appealed to a hearing examiner in accordance with established City practices for hearing examiner review.

The waiver for a Hotel Employer in financial hardship DOES NOT exempt a Hotel Employer from complying with other applicable federal, state, or local laws and regulations. It is the Hotel Employer's responsibility to ensure that the Hotel Employer is in compliance with any such laws and regulations. Prior to submitting a waiver application, a Hotel Employer must provide written notice of the waiver application to all Room Attendants employed by the Hotel Employer. Within three (3) days of receiving a waiver determination from the OWS, a Hotel Employer must provide written notice of the determination to all Room Attendants employed by the Hotel Employer.

SECTION I. HOTEL EMPLOYER INFORMATION

1. Company Name: _____

2. Operating Name or Doing Business As: _____
(if different from Company Name)

3. Company Address: _____

4. Phone Number: _____ 5. Email Address: _____

SECTION II. EXEMPTION ELIGIBILITY CRITERIA

6. Please identify one of the following qualifying hardships (choose at least **one** to be eligible for this waiver):

☐ Must reduce workforce by more than 20% to avoid bankruptcy or shutdown of the Hotel

☐ Must curtail Hotel Workers' total hours by more than 30% to avoid bankruptcy or shutdown of the Hotel

7. Employer Identification Number: _____ - _____

8. Provide a cover letter describing your reasons for eligibility, in addition to relevant financial statements and documents that have been prepared in accordance with Generally Accepted Accounting Principles (GAAP), including but not limited to Profit and Loss Statement, Balance Sheet, Cash-Flow Statement, as well as all other applicable documents to support your claim of financial hardship. Documentation should demonstrate the projected cost of compliance with the HWTO and the Hotel Employer's inability to absorb this cost without resulting in the situation indicated in Question 6.

SECTION III. SIGNATURE

I declare under penalty of perjury under the laws of the State of California that: (1) I am authorized to bind the entity listed above; and (2) the information provided on this form is true and correct to the best of my knowledge. By signing below, I agree to reimburse the City for resources used to review the waiver application. I further agree that should the entity listed above cease to qualify as a Hotel Employer in financial hardship because of a change or any other reason that may affect the waiver eligibility, the entity will notify the OWS within thirty (30) days of such change and comply with the HWTO specified in LAMC Article 2.1.

_____	_____	_____
Print Name of Person Completing This Form	Title	Contact Phone Number

_____	_____
Signature	Date

OFFICE OF WAGE STANDARDS USE ONLY

☐ Approved / ☐ Not Approved – Reason: _____

By Analyst: _____ Date: _____