



# OPPORTUNITY TO WORK ORDINANCE HARDSHIP EXEMPTION APPLICATION

This application for a Hardship Exemption from the City of San José Opportunity to Work Ordinance must be submitted along with supporting documents to the City of San José Office of Equality Assurance’s address below. **Inaccurate or incomplete submissions will be returned.**

City of San José Municipal Code Section 4.101.080 allows the City’s Office of Equality Assurance to grant a hardship exemption for up to twelve months to an Employer who demonstrates that:

1. The Employer has undertaken in good faith all reasonable steps to comply; and
2. Full and immediate compliance would be impracticable, impossible or futile.

Thereafter, the City’s Office of Equality Assurance may extend the hardship exemption in twelve-month increments if an Employer demonstrates that, despite the Employer’s best effort to come into compliance, hardship conditions continue to exist. **Requests to extend a hardship exemption for an additional twelve-month increment must be submitted to the Office of Equality Assurance 30 days prior to the expiration of the hardship exemption.**

## **SECTION I. EMPLOYER INFORMATION**

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **SECTION II. HARDSHIP EXEMPTION CRITERIA**

Determination of a hardship exemption shall be made on a case by case basis. Generally, a hardship exemption may be granted where the work or need is unpredictable or requires a specialized skill and there is a need to essentially have Employees “on call.”

### **Supporting Documentation Required**

Provide the following information to help support your application: 1) A description of the work; 2) What reasonable good faith steps have been taken to comply with the Ordinance; and 3) An explanation of why full and immediate compliance would be impracticable, impossible or futile.



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## SECTION III. DECLARATION AND 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; (2) the information provided on this form is true and correct to the best of my knowledge; and (3) the entity qualifies for a one-year exemption from the Opportunity to Work Ordinance on the basis indicated above.

By signing below, I further agree that should the entity listed above cease to qualify for this hardship exemption for any reason, the entity shall notify the City of San José Office of Equality Assurance of such change and comply with the Opportunity to Work Ordinance at the time of change.

\_\_\_\_\_  
Print Name and Title of Person Completing this Form

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Date

Submit this application and supporting documents to:

**City of San José Office of Equality Assurance**  
200 East Santa Clara Street, 5<sup>th</sup> Floor  
San Jose CA 95113  
(408) 535-8430

CITY OF SAN JOSE OFFICE OF EQUALITY ASSURANCE USE ONLY	
<input type="checkbox"/>	Approved for the period _____ through _____
<input type="checkbox"/>	Not Approved/Reason _____
By: _____	Date: _____