



Consumer & Safety Services
Labour Services

New Application Renewal <input type="checkbox"/> Current Permit # _____

Application for Averaging Permit

A permit to average hours of work can be granted by the Director of Employment Standards under the following circumstances:

1. Subsection 10(1) - if the nature of the work justifies irregular distribution.
2. Subsection 10(2) - if it is a unionized worksite and the employer and the bargaining agent agreed in writing to the averaging arrangement.
3. Subsection 10(3) - if it is a non-union worksite and the employer and a majority of employees have agreed in writing to the averaging arrangement.

A. EMPLOYER

Business Name: _____

Legal Name: _____

Address: _____

Phone Number (work): _____ (home) _____

Owner/Manager: _____
(Please Print)

Person to contact if additional information is required relating to this application.

Name: _____

Position: _____

Phone Number: _____

This application is being made pursuant to:

- Subsection 10(1)
- Subsection 10(2)
- Subsection 10(3)

NOTE: Application under Section 10(3) cannot be made until at least 80% of the employees affected have been hired.

B. GENERAL INFORMATION

Type of Business: _____

Location (be specific): _____

Total Number of Employees: _____

If the total number of employees varies, please specify average number of employees working each season:

Number of employees affected by this Application: _____

Type of Averaging Permit requested, (i.e. averaging over 2 weeks, 4 weeks, etc.):

C. UNION WORKSITE

Application under subsection 10(2)

Name of the Union, Local # and Address:

President of Local: _____

Phone Number: _____

Expiry date of collective agreement or agreement: _____

Please enclose a copy of the collective agreement presently in effect and the written agreement signed by the employer and the bargaining agent.

D. NON-UNION WORKSITE

1. Application under subsection 10(1):

Characteristics of the work situation that necessitate irregular distribution of the hours of work are as follows:

Please enclose examples of the employees work schedules showing the irregular hours. If it is a seasonal operation and/or no employees are presently employed, include copies of shift schedules from the previous work season.

2. Application under Subsection 10(3)

Total number of employees affected by this application: _____

Total number of employees affected that have been hired: _____

Number of employees supporting this application: _____

Number of employees opposed or who declined to sign: _____

Please enclose Appendix A signed by the employees supporting this application and a sample work schedule.

APPENDIX A

I, _____ hereby certify that all employees whose names and signatures appear on this application have been fully advised of the effect of this application to average the hours of work under section 10 of the *Employment Standards Act* and that those employees have signed the attached document freely and with full knowledge.

I further swear that said employees were not threatened or coerced in any way by myself or any other person acting on behalf of _____ (the employer).

DATED at _____ in Yukon this _____ day of _____ 20_____.

Witness

Signature

Please Print

Please Print

Employee Name & Address

Job

Signature

Date

Continue on a separate sheet if necessary