

**YUKON
DEPARTMENT OF COMMUNITY SERVICES
EMPLOYMENT STANDARDS**

Application for Permit to Average Hours of Work

A permit to average hours of work can be granted by the Director of Employment Standards under the following circumstances (please indicate which subsection the application is pursuant to):

- Subsection 10(1) - if the nature of the work justifies irregular distribution.
 - Complete sections A, B

- Subsection 10(2) - if it is a unionized worksite and the employer and the bargaining agent agreed in writing to the averaging arrangement.
 - Complete sections A, C

- 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 majority is defined as 50% plus 1. If at any time the majority of the employee's signatures are not maintained, this agreement is of null effect.)
 - Complete sections A, D

A. EMPLOYER GENERAL INFORMATION

Business Name: _____

Legal Name: _____

Address: _____

Phone Number: _____ (email) _____

Owner/Manager: _____

(Please Print)

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

Name: _____

Position: _____

Phone Number: _____ (email) _____

Length of Averaging Permit requested, (i.e. averaging over 3 weeks, 4 weeks, etc.):

Type of Business: _____

Location of work site (be specific): _____

Total Number of Employees: _____

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

B. IRREGULAR DISTRIBUTION

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.

C. UNION WORKSITE

Name of the Union, Local # and Address:

President of Local: _____

Phone Number: _____ (email) _____

Expiry date of collective 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

Total number of employees affected by this application: _____

Number of employees supporting this application: _____

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

APPENDIX A

I, _____ (the employer), 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(3) of the *Employment Standards Act* and that those employees have signed the attached document freely and with full knowledge.

I further swear that all employees signatory to the agreement did so of their own free will and were not coerced in any way by myself or any other person acting on behalf of the employer.

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

Employer or Employer Representative

Witness

Please Print

Please Print

<u>Employee Name & Address</u>	<u>Job</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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