

SHORT WORK WEEK

INFORMATION

If you are considering the implementation of a Short Work Week Agreement the following will be of importance to you:

- **Review Section 11 of the *Employment Standards Act*.**
- **We suggest the short work week agreement correspond to a two week pay period.**
- **Please note there are three different options available for the implementation of a short work week agreement.**
 - 1. Collective Agreement**
 - 2. Individual employees**
 - 3. Majority of employees**
- **Employers are responsible for the monitoring of all short work week agreements and ensuring employees are aware of the implications.**

If you have any questions, please feel free to contact our office:

Phone: 867-667-5944

Email: employmentstandards@gov.yk.ca

Website: www.community.gov.yk.ca/es

SHORT WORK WEEK

AGREEMENT

The employer and the employee(s) of _____ (*the employer*), consent to the implementation of a short work week agreement pursuant to Section 11 of the *Employment Standards Act* under the following conditions:

- Standard hours of work shall not exceed 12 hours per day
- Any hours worked over 12 hours per day and 80 hours in each two-week period shall be paid at one and one-half the employee's regular rate of pay
- During a two-week period in which any general holiday occurs, the standard hours will be reduced by 8 hours for each general holiday in that period
- This Agreement shall commence on _____
(DD/MM/YYYY)

To bring a short work week agreement into effect, one of the following documents must be attached:

- Collective Agreement

OR

- Signature of each employee affected.

OR

- Signatures of the majority of the employees agreeing to the implementation of a short work week. 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.

PLEASE NOTE: Employers using the majority of employees' option must ensure all employees are aware that this will affect them.

The date that the employee signed the agreement must be shown opposite the employees printed name and signature.

**Yukon
Department of Community Services
Employment Standards**

Declaration:

I, _____ (*the employer*), hereby certify that all employees have been fully advised of the effect of this application to implement a short work week

agreement pursuant to Section 11 of the *Employment Standards Act* as supported by the applicable attachments.

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.

Upon the request of the Director of Employment Standards, I agree to provide all necessary documentation showing that the agreement meets all requirements under the *Act*.

Signed and dated in the (city/town) of _____, in Yukon, on this _____ day of _____, 20__ .

Employer or Employer Representative

Witness

Print Name

Print Name