

Read the following before completing the application

- Are employees regularly working 30 hours per week or more?
- Are you requesting your new schedule be:
 - 12 hours a day or less?
 - 60 hours a week or less?
 - 12 weeks in duration or less?
- If you answered 'yes' to **all** of the questions:
 - you are eligible to make an averaging agreement and do not need to complete this application.
 - Averaging agreements do not need Employment Standards approval. Visit our averaging agreement factsheet to learn more.
- If you could not answer 'yes' to **all** of the questions, please complete the application below.



Averaging Permit Application		
Contact Person:	Name _____ Phone number _____ Email _____	
Business Name:		
Business Address:	Street Number and Name _____ Box/Suite _____	
	City _____	Province/State _____ Postal Code/Zip _____
This is a:	<input type="checkbox"/> New Permit	<input type="checkbox"/> Amendment or Renewal to Permit# _____ (insert permit number)
The Permit Affects:	Worksite Location (if different than above) _____	
	Type of Business _____	
	Who is Affected? (all employees, specific section, department, etc) _____	
	# of Employees Affected _____	Employee survey attached <input type="checkbox"/>
	Job Titles of Affected Employees _____	
	If any, how many, of the affected employees are under the age of 16: _____	
	Employees are Represented by a Union: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daily Hours:	Under this permit the maximum number of hours the employees will work per day (without overtime pay) is _____	This number should correspond to the work schedule on the attached employee survey
Weekly Hours:	Under this permit the maximum number of hours the employees will work per week (without overtime pay) is _____	
Averaging Cycle:	Under this permit the maximum number of hours the employees will work (without overtime pay) is _____ averaged over a period of _____ weeks (e.g. 160 hours over 4 weeks; 80 hours over 2 weeks)	

Time Period Requested for the permit (maximum – 3 years)

_____ (Day/Month/Year)
Start Date End Date

Employer: I certify that all information contained in this application is true and correct. Should the request be approved, I agree to all conditions contained in the permit and all other applicable legislation.

Name: _____ (print)

Signature: _____ Date: _____

INTERNAL USE ONLY:

Permit #: _____

This personal information is being collected under the authority of *The Employment Standards Code*. It is protected by the protection of privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact the Manager of Client Services, 604 - 401 York Ave. Wpg MB, (204) 945-3352 or 1-800-821-4307.