

Averaging of Hours Permit

Under Section 2-20 of *The Saskatchewan Employment Act*

Please complete this application if you wish to average work hours over a period longer than four weeks and 160 hours.

Employers and employees choosing to average 40 hours during one week, 80 hours over two weeks, 120 hours over three weeks, or 160 hours over four weeks before overtime should refer to modified work arrangements (MWA) on saskatchewan.ca. Those scheduling arrangements do not require a permit.

Business Information

Legal Business Name: _____

Operating Name (if different than above): _____

Address: _____

Box/Suite Street Number City Province Postal Code

Phone: _____ Fax: _____

E-mail: _____

Work/Site Location (if different than above): _____

Type of Business: _____

This is a: New application Renewal of a permit _____ (insert permit number)

Amendment to an existing permit _____ (insert permit number)

Employee Information

Total number of employees who will be affected by the permit: _____

Job title(s) or classification(s) of the employees who will be affected by the permit: _____

Are the employees represented by a union? Yes No (If yes, attach a union agreement letter)

Employees are Paid: Monthly Twice per month Every 2 weeks Weekly

The next pay period covers the dates from (dd/mm/yyyy):

____/____/____ to ____/____/____

Permit Information

Please select the permit option below and attach a work schedule for the period selected. The hours employees work should match the option selected.

Monthly permit Other (please specify) _____

Reasons for wanting this type of permit: _____

Under this permit, _____ is the maximum number of hours per day the employee will work, after which overtime is payable. This number should correspond to the work schedule.

Start date for time period requested (dd/mm/yyyy): _____

End date for time period requested (dd/mm/yyyy): _____

Work Schedule attached

Declaration, Consent, and Signatures

Employer Declaration and Signature

I, _____
(Print name and title of employer or authorized officer)

hereby certify that the information contained in this application is true and correct to the best of my knowledge.

X _____
Signature of Employer

Date (dd/mm/yyyy)

Name of Contact Person: _____

Phone: _____

Any person who makes a false or misleading statement in this application, with the intent to deceive, is guilty of an offence under Section 2-91(1) of *The Saskatchewan Employment Act*.

Employee Declaration of Support and Signatures

We, the employees whose hours may be affected:

- Hereby consent to our employer requesting a permit under *The Saskatchewan Employment Act*, subject to the conditions stated on the application;
- Acknowledge that these conditions have been explained to us;
- Understand that our employer must not pressure us to give our consent; and
- Understand that if any pressure has been put on us to give our consent, we may register a formal or anonymous complaint with the Employment Standards Division.

List of Employees and Signatures of Consent

Only those employees whose schedules may change should sign. Managers and professionals should not sign this application form as those positions are exempt from overtime.

Please select the permit option below and attach a work schedule for the period selected. The hours employees work must match the option selected.

Monthly permit Other

_____ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

Name (Please print)	Title (Please print)	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

List of Employees and Signatures of Consent

Only those employees whose schedules may change should sign. Managers and professionals should not sign this application form as those positions are exempt from overtime.

Please select the permit option below and attach a work schedule for the period selected. The hours employees work must match the option selected.

Monthly permit Other

_____ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

Name (Please print)	Title (Please print)	Signature
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

List of Employees and Signatures of Consent

Only those employees whose schedules may change should sign. Managers and professionals should not sign this application form as those positions are exempt from overtime.

Please select the permit option below and attach a work schedule for the period selected. The hours employees work must match the option selected.

Monthly permit Other

_____ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

Name (Please print)	Title (Please print)	Signature
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		

If additional signature pages are attached, please indicate how many pages have been added _____.

Please send completed form to:

Employment Standards Division

Ministry of Labour Relations and Workplace Safety
Sturdy Stone Building, 8th Floor
122 - 3rd Avenue North
Saskatoon, SK S7K 2H6

Application forms can also be submitted by fax to (306) 933-5444 or by email to:

employmentstandardspermits@gov.sk.ca.