



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 (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

Section A – Employer general information		
Business name		Legal name
Address		
Phone number		Email
Owner/manager name (print)		
Name of person to contact if additional information is required relating to this application.		
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 total number of employees varies, specify average number working each season	

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and the *Employment Standards Act*. It will be used for the purposes of these acts and their regulations. For further information about the collection of this information, contact the Employment Standards Office, Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5944, or by email at employmentstandards@gov.yk.ca.

Section B – Irregular distribution

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

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.

Section C – Union worksite

Name of union		Local #
Address		
President of local	Phone number	
Email	Expiry date of collective agreement	

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

Section D – Non-union worksite

Total number of employees affected by this application	Number of employees supporting this application
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Form must be signed by the employees supporting this application (page 3). Attach a sample work schedule.

Declaration

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 I have provided each employee with a hard to digital copy of the Employment Standards Office's Average Agreement factsheet.

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 _____.

Signature of employer or employer representative

Name of employer or employer representative (print)

Signature of witness

Name of witness (print)

To be signed by the employees supporting this application. Attach a sample work schedule.

Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:
Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:
Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:
Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:
Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:

Employee name (print)	Address:	Job:
	<input type="checkbox"/> I understand how my hours will be calculated under this averaging agreement and have reviewed the Averaging Agreement Factsheet provided by my employer.	
	Signature:	Date:
Employee name (print)	Address:	Job:
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	Signature:	Date: