

APPLICATION FORM
AVERAGING/BREAK/REST PERMITS

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To Process the Application all sections must be COMPLETE and EASY TO READ

Business Name:			
Contact Person:			
Contact Information:			
	Street Number and Name	Box/Suite	
	City	Province/State	Postal Code/Zip
	Phone	Fax	Email Address (optional)
Permit Type (√):	<input type="checkbox"/> Averaging Permit <input type="checkbox"/> Work Break Order <input type="checkbox"/> Weekly Day of Rest Order		
This is a (√):	<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal to Permit# _____ (insert permit number) <input type="checkbox"/> Amendment 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		
	Job Titles of Affected Employees		
	Some of the affected employees are under the age of 16 (√): <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employees are Represented by a Union (√): <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMPLETE THE SECTIONS THAT APPLY TO YOUR REQUEST

AVERAGING PERMIT (attach a work schedule for at least one full averaging cycle)

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)
Weekly Hours:	Under this permit the maximum number of hours the employees will work per week (without overtime pay) is _____ (this number should correspond to the work schedule)
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) (this number should correspond to the work schedule)

The duration and number of rest/meal break times are (be specific):

How is overtime calculated for the affected employees?

(√ all that apply):	<input type="checkbox"/> There is a set schedule that does not vary <input type="checkbox"/> The schedule varies from day to day or week to week <input type="checkbox"/> The schedule is based on shifts	Attach a work schedule for at least one full averaging cycle
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Reason for wanting an averaging permit?

I confirm employees under this permit will be paid overtime for any hours (over 8 hours per day) worked beyond their scheduled shift (√): Yes

(for example: if the permit allows a maximum of 10 hours, and an employee is scheduled for 8 hours then asked that day to stay longer... the employee is paid overtime for the extra time worked).

WEEKLY DAY OF REST ORDER

Schedule:	Under this order the maximum number of days the employees will work in a row (without a rest day) is _____
	Under this order the employees will get _____ days off in a row immediately following _____ consecutive days of work
	How many hours per day do the employees work?
	How many hours per week do the employees work?

Reason for wanting a weekly day of rest order?	
(√ all that apply):	<input type="checkbox"/> The business operates only part of the year <input type="checkbox"/> A weekly day of rest is an undue hardship to the business <input type="checkbox"/> A weekly day of rest would cause severe loss to the business <input type="checkbox"/> A weekly day of rest does not benefit the employees because the location is remote
WORK BREAK ORDER	
The duration and number of rest/meal break times proposed are (be specific):	Paid or Unpaid (be specific):
How is overtime calculated for employees?	
How many hours per day do the affected employees work?	
How many hours per week do the affected employees work?	
Reason for wanting this order?	
(√ all that apply):	<input type="checkbox"/> The employees have care of someone or something that cannot be abandoned <input type="checkbox"/> A break after 5 hours of work is an undue hardship to the business <input type="checkbox"/> A break after 5 hours of work unduly restricts business operations <input type="checkbox"/> The timing of the break (within 5 hours) is the problem, not the length of the break (30 minutes) <input type="checkbox"/> The employees asked to change the break schedule
Give a detailed description of the work the affected employees perform:	
What benefit will an order be to the employees?	
(√ all that apply):	<input type="checkbox"/> Workloads vary enough that employees get alternate breaks free from work and duties <input type="checkbox"/> Employees take breaks when they want <input type="checkbox"/> There will be scheduled breaks that are different from the minimum standard <input type="checkbox"/> Employees are paid for break times

Employer: I hereby certify that the particulars herein stated are true and correct and that the employees' concurrence was voluntary. Should the request be approved, I agree to abide by all conditions contained in the Permit/Order and all other applicable legislation.

Name: _____ (print)

Signature: _____ Date: _____

Time Period Requested for the permit/order (where applicable for seasonal businesses, etc)

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

Before submitting your application make sure:

- All sections of the application form are completed and easy to read.
- A work schedule for at least one averaging cycle is attached to the application.
- A survey form for each affected employee is completed and attached to the application and any unavailable to complete a form are accounted for (on leave, etc.).

INTERNAL USE ONLY:

Employee Concurrence _____% not approved / approved Permit #: _____

Processing Officer: _____ Date: _____