

➔ This is the Simplified Averaging Permit Application.
It is for schedules that fall within pre-approved standards for safety and health

➔ You must meet all these criteria to use this form.

If these criteria do not meet your business needs you must use the full Averaging/Break/Rest Permit Application available at: www.gov.mb.ca/labour/standards/forms

- 75% of the affected employees agree with the proposed terms and conditions
- There is a set schedule
- The employees regularly work more than 35 hours per week
- None of the employees are under the age of 16 years
- Employees will not work more than 12 hours per day without overtime pay
- Employees will not work more than 60 hours per week without overtime pay
- The schedule will average back to 40 hours per week over the course of the averaging cycle
- Employees get no less than an average of 2 days rest per week, per averaging cycle
- Employees get a 30 minute break after 5 hours of work; or for shifts of more than 10 hours per day, break times totalling 1 hour per day
- Employees will be paid overtime for any hours (over 8 hours per day) worked beyond their scheduled (permit) shift
- The company does not have a history of violations of labour legislation

➔ Checklist for a simple, speedy process:

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

APPLICATION FORM
SIMPLIFIED AVERAGING PERMIT PROCESS

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 Employment Standards 604- 401 York Avenue, Winnipeg MB R3C 0P8 945-3352 or 1 (800) 821-4307

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)
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
	Employees are Represented by a Union (√): <input type="checkbox"/> Yes <input type="checkbox"/> No
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)

Proposed Work Schedule:	ATTACH A WORK SCHEDULE FOR AT LEAST ONE FULL AVERAGING CYCLE		
I confirm the proposed schedule (√):	<input type="checkbox"/> does not apply to employees who regularly work less than 35 hours per week		
	<input type="checkbox"/> does not apply to workers under the age of 16 years		
	<input type="checkbox"/> has no more than 12 hours per day without overtime pay	Under this permit the maximum number of hours the employees will work per day (without overtime pay) is _____	These numbers should correspond to the schedule & survey
	<input type="checkbox"/> has no more than 60 hours per week without overtime pay	Under this permit the maximum number of hours the employees will work per week (without overtime pay) is _____	
	<input type="checkbox"/> averages back to 40 hours per week over the course of the averaging cycle (e.g. 120 hrs in 3 wks; 80 hrs in 2 wks; etc.)	Under this permit the maximum number of hours the employees will work (without overtime pay) is _____ averaged over a period of _____ weeks	
	<input type="checkbox"/> has an average of at least 2 days rest per week, per averaging cycle	Under this permit the consecutive days of work and rest are _____	
<input type="checkbox"/> has at least one 30 minute break after every 5 hours of work; or <input type="checkbox"/> has the equivalent of at least 1 hour in breaks for shifts over 10 hours	Under this permit the duration and number of rest/meal break times are (be specific): _____		
I confirm employees under this permit will be paid overtime for any hours (over 8 hours per day) worked beyond their scheduled shift (√): <input type="checkbox"/> 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).			
How is overtime calculated for the affected employees?			
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)			
_____ Start Date		_____ End Date (Day/Month/Year)	
INTERNAL USE ONLY:			
Employee Concurrence _____%		<input type="checkbox"/> approved / <input type="checkbox"/> not approved	
Processing Officer: _____		Permit #: _____	
Date: _____		Date: _____	