



OVERTIME AVERAGING PERMIT APPLICATION

FIRM NAME:	
ADDRESS:	POSTAL CODE:
TYPE OF BUSINESS:	
TOTAL NUMBER OF EMPLOYEES:	CLASSIFICATION OF EMPLOYEES:
PROJECT NAME :	NUNAVUT LOCATION :
Are your employees represented by a Trades Union? <input type="checkbox"/> YES: If you checked box fill next area <input type="checkbox"/> NO	Does the request for re-scheduling of hours coincide with the collective agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>SPECIAL CONDITIONS (Ref: Part 1 – Subsection 7. (1) of the Nunavut Labour Standards Act) Employees could be required to work shifts of irregular lengths, or on a regular basis of more than eight (8) hours in a day, without payment of overtime, as long as the identified number of hours of work are not exceeded within a specified period. <i>Consent of the majority of the employees affected is required.</i></p> <p>NATURE OF WORK ARRANGEMENT- The work rotation cannot exceed 8 weeks (weeks of work followed by weeks free from work away from the work site at a population centre) (<i>a week is defined as 7 consecutive days</i>)</p> <p style="text-align: center;">Consecutive weeks on : _____ Followed by Consecutive week (s) free from work _____ Hours of work in a day: _____ Hours of work in a week: _____</p>	
Please specify the length of Permit requested – the maximum allowable is one year (12 months) with requirement to request for renewal. (<i>Where there is a collective agreement, the duration of any permit granted must correspond with the expiry date of the agreement</i>)	
START DATE: _____ END DATE: _____	
<p>EMPLOYEE'S CONSENT: <i>The consent of a majority of the employees affected is required. (A majority of employees is 50% plus one)</i></p> <p style="text-align: center;">NOTE: Not applicable if employees are represented by a trade union</p> <p>We, the employees of the above employer, hereby consent to our employer being issued a permit under the <i>Labour Standards Act</i>, subject to the above conditions. We acknowledge that our employer has explained these conditions to us and we understand that our employer must not pressure us to give our consent. We further understand that if any pressure has been put on us to give our consent, we may register a complaint with the Labour Standards Officer at the Labour Standards Compliance Office, Department of Justice, PO Box 1000 Station 590, Iqaluit, Nunavut X0A 0H0 or phone (867) 975-7293. A permit may be revoked at any time prior to the expiration date thereof by notification in writing from the Labour Standards Officer.</p> <p><u>LIST ALL EMPLOYEES ON BACK OF THIS FORM. COMPLETE LIST ON OTHER COPIES OF LIST PAGE AS REQUIRED</u></p>	
WHERE EMPLOYEES ARE REPRESENTED BY A TRADE UNION, THE FOLLOWING INFORMATION IS REQUIRED	
NAME OF UNION:	BUSINESS AGENT:
PRESIDENT OF LOCAL:	SIGNATURE:
UNION ADDRESS:	POSTAL CODE:

