

LCしてんみもd^c
Department of Justice
Maligaliqiyikkut
Ministère de la Justice

OVERTIME AVERAGING PERMIT APPLICATION

(Print Clearly or Type)

Postal Code:						
Type of Business:						
Classification of Employees:						
Nunavut Location:						
Does the request for re-scheduling of hours coincide with the						
☐ YES ☐	NO					
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. Consent of the majority of the employees affected is required.						
The work rotation "cannot exceed 8 weeks" (weeks of work followed by weeks free from work away from the work site at a population center) (a week is defined as 7 consecutive days)						
owed by Consecutive week(s) free from	n work:					
rs of work in a week:						
Please specify the length of Permit Requested - the maximum allowable is one year (12 months) with requirement to request for renewal. (Where there is a collective agreement, the duration of any permit granted must correspond with the expiry date of the agreement)						
End Date:						
•						
	•					
NOTE: Not applicable if employees are represented by a trade union We, the employees of the above employer, hereby consent to our employer being issued a permit under the Labour Standards Act, 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) 975-6322. A permit may be revoked at any time prior to the expiration date thereof by notification in writing from the Labour Standards Officer.						
LIST ALL EMPLOYEES ON BACK OF THIS FORM, COMPLETE LIST ON OTHER COPIES OF LIST PAGE AS REQUIRED Authorized By: (Please Print Name) Signature: Date:						
!	Date:					
WHERE EMPLOYEES ARE REPRESENTED BY A TRADE UNION, THE FOLLOWING INFORMATION IS REQUIRED						
Business Agent:						
Business Agent: Signature:						
	Classification of Employees: Nunavut Location: Does the request for re-scheduling collective agreement? YES of the Nunavut Labour Standards And the employees affected is required. Illowed by weeks free from work away from fined as 7 consecutive days) owed by Consecutive week(s) free from the employees affected is required. In allowable is one year (12 months) with the of any permit granted must correspond freement) End Date: The dis required. (A majority of employees are represented by a trade unit to our employer being issued a permit unit our employer being issued a permit unit our employer has explained these our consent. We further understand the aint with the Labour Standards Officer ation 590, Iqaluit, Nunavut XOA 0H0 or date thereof by notification in writing for the plant of the plan					

Labour Standards Compliance Office

P.O. Box 1000, Station. 590 Iqaluit, Nunavut X0A 0H0

Phone: (867) 975-6322 Fax: (867) 975-6367 Toll Free: 1 877 806 8402 (Nunavut only)

Web: http://nu-lsco.ca Email:labourServices@gov.nu.ca



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OVERTIME AVERAGING APPLICATION PART 2

NOTE 1:

Majority of employees (50% plus one) is the minimum requirement for the application to be accepted for consideration by the Labour Standards Officer.

NOTE 2:

All present & future employees of the work project will be made aware that they fall under the rules as stated in the Overtime Averaging Permit until the termination date.

NOTE 3:

All present employees & future employees of the work project will be made aware of when **Overtime Pay** will occur as a result of the Overtime Averaging Permit. A copy of the permit issued by the Labour Standards Officer will be posted at the worksite and made available for reading by all affected employees.

Name (Print of Type)	Signature	Name (Print of Type)	Signature

Employer Authorization

Please Print Name	Signature	Title	Date

USE ADDITIONAL PAGES IF REQUIRED FOR EMPLOYEES SIGNATURES

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