

# Averaging of Hours Permit

## Under Section 2-20 of *The Saskatchewan Employment Act*

Employers and employees choosing to average 40 hours during one week, 80 hours over two weeks, 120 hours over three weeks, or 160 hours over four weeks should refer to modified work arrangements on [saskatchewan.ca](http://saskatchewan.ca). Please complete this application if you wish to average work hours over a period longer than four weeks and 160 hours.

### Business Information

Legal Business Name: \_\_\_\_\_

Operating Name (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_

Box/Suite

Street Number

City

Province

Postal Code

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work/Site Location (if different than above): \_\_\_\_\_

Type of Business: \_\_\_\_\_

This is a:  New application  Renewal of a permit \_\_\_\_\_ (insert permit number)

Amendment to an existing permit \_\_\_\_\_ (insert permit number)

### Employee Information

Total number of employees who will be affected by the permit: \_\_\_\_\_

Job classification of the employees who will be affected by the permit: \_\_\_\_\_

\_\_\_\_\_

The employees are represented by a union?  Yes  No

Employees are Paid:  Monthly  Twice per month  Every 2 weeks  Weekly

The next pay period covers the dates from (dd/mm/yyyy):

\_\_\_\_/\_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/\_\_\_\_/

## Permit Information

Please select the permit option below and attach a work schedule for the period selected. The hours employees work should match the option selected.

Monthly permit                       Other

Reasons for wanting this type of permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under this permit, \_\_\_\_\_ is the maximum number of hours per day the employee will work, after which overtime is payable. This number should correspond to the work schedule.

Start date for time period requested (dd/mm/yyyy): \_\_\_\_\_

End date for time period requested (dd/mm/yyyy): \_\_\_\_\_

## Declaration, Consent, and Signatures

### Employer Declaration and Signature

I, \_\_\_\_\_  
(Print name and title of employer or authorized officer)

hereby certify that the information contained in this application is true and correct to the best of my knowledge.

X \_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date (dd/mm/yyyy)

Name of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Any person who makes a false or misleading statement in this application, with the intent to deceive, is guilty of an offence under Section 2-91(1) of *The Saskatchewan Employment Act*.**

### Employee Declaration of Support and Signatures

We, the employees whose hours may be affected:

- Hereby consent to our employer requesting a permit under *The Saskatchewan Employment Act*, subject to the conditions stated on the application;
- Acknowledge that these conditions have been explained to us;
- Understand that our employer must not pressure us to give our consent; and
- Understand that if any pressure has been put on us to give our consent, we may register a formal or anonymous complaint with the Employment Standards Division.

## List of Employees and Signatures of Consent

Only those employees whose schedules may change should sign. Managers and professionals should not sign this application form.

Please select the permit option below and attach a work schedule for the period selected. The hours employees work should match the option selected.

Monthly permit                       Other

\_\_\_\_\_ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

<b>Name</b> (Please print)	<b>Title</b> (Please print)	<b>Signature</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

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Monthly permit                       Other

\_\_\_\_\_ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

<b>Name</b> (Please print)	<b>Title</b> (Please print)	<b>Signature</b>
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

### List of Employees and Signatures of Consent

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Monthly permit                       Other

\_\_\_\_\_ is the maximum hours per day the employee will work, after which overtime is payable. This number must correspond to the work schedule.

<b>Name</b> (Please print)	<b>Title</b> (Please print)	<b>Signature</b>
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		

If additional signature pages are attached, please indicate how many pages have been added \_\_\_\_\_.

Please send completed form to:

**Employment Standards Division**

Ministry of Labour Relations and Workplace Safety  
300 - 1870 Albert Street  
Regina, Saskatchewan S4P 4W1