Northwest Territories

Application
Overtime Averaging Order

Employer's Name		Contact	
Address (Mailing)		Phone Number	Fax Number
		E-mail Address	
Type of Business	Location of Work	No. of Employees in the NWT	No. of Employees Affected

Is this Work at a Mine Site? ☼ ☼ If **"Yes"** Is Your Work ☼ Underground or ☼

Are Employees Represented by a Trade Union? ☼ ☼ If **"Yes"** Does this "Application to Overtime Averaging" coincide with Collective Agreement? ☼ Yes ☼

Employees to be Affected: (specify job titles and description of duties - attach additional sheets if required)

Special Conditions – Employment Standards Act - Subsection 11 (1) and 11 (2) - Employees could be required to work shifts of irregular lengths, or on a regular basis of more than eight hours per day, without the payment of overtime, as long as specified number of hours are not exceeded within a specified period. Indicate the nature of the arrangement requested, and the basis on which overtime shall be paid.

Specify Length of Permit Requested (1 year Max.) (unless there is a Collective Agreement) **From:** d/m/y **To:** d/m/y

Employee's Consent (not applicable if employees are represented by a Trade Union)
The consent of a majority of the employees affected is required.

We, the employees of the above employer, hereby consent to our employer being issued a Permit under the **Employment Standards Act**, subject to the above conditions. We acknowledge that these conditions have been explained to us by our employer 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 Employment Standards Officer –Education, Culture & Employment, Box 1320, Yellowknife, NT X1A 2L9 **-or-** phone (867) 873-7486 - fax (867) 873-0483. A permit may be revoked at any time prior to the expiration date thereof by notification in writing from the Employment Standards Officer.

• List **all** employees (attach additional sheets if required) • Provide copy of work schedule

Name (print)	Signature	Name (print)	Signature

Employer Representative (Print)	Title	Signature	Date - d/m/y
		X	

Name of Union (if applicable)	Address of Union

Business Agent (Print)	Signature	President of Local (Print)	Signature
	X		X