



Application Order for Extended Hours

Employer's Name		Contac	
Address (mailing)		Phone Number	Fax Number
		E-mail Address	
Project Name		General Contractor's Name	
Location of Project		Name of Closest Community	

d/m/y	
Length of time for Permit (give dates)	From: _____ To: _____
Classifications of labour to be affected by this Application	
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Number of Employees Affected by this Application	Number of Hours Worked:	Per Day	Per Week
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Details of any scheme the employer may have for rotation of staff

Number of Rest Breaks Given per Day	Type of Rest Break	Minutes per Break	Type of Rest Break	Minutes per Break	Other Rest Breaks (specify type of break and minutes)
	Breakfast	-	Coffee		<hr/> <hr/> <hr/> <hr/>
	Coffee		Supper		
	Lunch		Coffee	-	

	Authorized By: (signature) _____ Date: d/m/y _____
X	

<p style="text-align: center;">- NOTE</p> <p>This Application does not change the necessity of paying overtime. Overtime must be paid for all time worked in excess of eight (8) hours per day and forty (40) hours per week.</p>	<p>Submit completed Application to:</p> <p>Employment Standards Education, Culture & Employment Box 1320 Yellowknife, NT X1A 2L9 Phone: (867) 767-9351 Option 3 Fax: (867) 873-0483 Email: employment_standards@gov.nt.ca</p>	<p>- Office Use Only -</p>
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