



Application Order for Extended Hours

Employer's Name		Contact			
Address (mailing)		Phone Number	Fax Number		
		E-mail Address			
Project Name		General Contractor's Name			
Location of Project		Name of Closest Community			
Length of time for Permit (give dates)		d/m/y	d/m/y		
		From:	To:		
Classifications of labour to be affected by this Application (Specify: Job Titles, description of duties and list all equipment/machines to be used)					
Number of Employees Affected by this Application		Number of Hours Worked:			
				Per Day	
				Per Week	
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	-	
	Coffee	-	Supper	-	
	Lunch	-	Coffee	-	
Authorized By: (please print name)			Authorized By: (signature)		Date: d/m/y
			X _____		
- NOTE -		Submit completed Application to:		- Office Use Only -	
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.		Employment Standards			
		Education, Culture & Employment Box 1320 Yellowknife, NT X1A 2L9 Phone: (867) 767-9351 Option 3 Fax: (867) 873-0483			