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KAVAMATKOT APIKHOIYIT
DEPARTMENT OF JUSTICE
MINISTÈRE DE LA JUSTICE

LABOUR STANDARDS COMPLIANCE OFFICE
NUNAVUT DEPARTMENT OF JUSTICE
PO Box 1000 Station 590, Iqaluit, Nunavut X0A 0H0
Tel: 867 975 7293 / Toll Free: 1 877 806 8402 (NU only)
Fax: 867 975 7294
Email: LabourServices@gov.nu.ca
www.nucj.ca/LSO/

OVERTIME AVERAGING APPLICATION – *Ref: Part 1 – Subsection 7(1) of the Act*

1. FIRM NAME:
2. ADDRESS:
3. TYPE OF BUSINESS:
4. TOTAL NUMBER OF EMPLOYEES IN NUNAVUT ______________________________ | CLASSIFICATION OF EMPLOYEES TO BE AFFECTED ______________________________

TOTAL NUMBER OF EMPLOYEES TO BE AFFECTED BY THE PERMIT: ____________

5. ARE YOUR EMPLOYEES REPRESENTED BY A TRADE UNION?: YES NO
6. IF THE ANSWER TO NO. 5 IS YES, DOES THE REQUEST FOR RE-SCHEDULING OF HOURS OF WORK COINCIDE WITH THE COLLECTIVE AGREEMENT?: YES NO
7. **SPECIAL CONDITIONS** – (Ref: to 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 hours in a day without the payment of overtime, as long as the identified number of hours of work are not exceeded within a specified period.

   PLEASE INDICATE THE NATURE OF THE ARRANGEMENT – SPECIFICALLY: The hours of work in a day requested with the number of consecutive days of work followed by the number of days free from work.
   NOTE: The work rotation must be identified which cannot exceed (8) weeks. (Weeks of work followed by weeks free from work).

   NATURE OF ARRANGEMENT:

8. PLEASE SPECIFY LENGTH OF PERMIT REQUESTED (*MAX OF 1 YEAR 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.

   DATE: START ____________________ END ____________________

9. **EMPLOYEE'S CONSENT:** The consent of a majority of the employees affected is required.

   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 7293. 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

10. **WHERE EMPLOYEES ARE REPRESENTED BY A TRADE UNION, THE FOLLOWING INFORMATON IS REQUIRED:**

NAME OF UNION:	BUSINESS AGENT:	SIGNATURE:
PRESIDENT OF LOCAL:		SIGNATURE:
ADDRESS OF UNION:		SIGNATURE:

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REF: Part 1 – Subsection 7(1) Nunavut *Labour Standards Act*

LIST ALL EMPLOYEES (COMPLETE LISTING ON ADDITIONAL COPIES OF THIS FORM AS REQUIRED)

NAME	SIGNATURE	NAME	SIGNATURE

DATE:	SIGNATURE OF EMPLOYER	TITLE OF EMPLOYER