



Hours of Work and Averaging Hours Application Form

General Information

Submit this form to: The Director, Employment Standards
400 University Avenue, 9th Floor
Toronto, Ontario, M7A 1T7
Fax: 1-866-588-9998 or
416-212-7900

Incomplete or inaccurate information may delay the processing of your application. If the application is faxed after 5:00 p.m. or on a day on which the Director's office is closed, the service of the application shall be deemed to be effected on the next day on which the Director's office is not closed.

The employer must have the written agreement of employees (or their union) to work excess hours or to have their hours of work averaged. In the event that this application is approved, the employer must still comply with the daily and weekly rest periods (section 18), eating periods (section 20) and overtime pay (section 22) provisions in the Employment Standards Act, 2000 (ESA).

This information is collected under the authority of the ESA to assist in the processing of applications for excess hours and overtime averaging. Collection, use and disclosure of information in this form is regulated by the Freedom of Information and Protection of Privacy Act, R.S.O.1990F31 (as amended). If you have any questions regarding Freedom of Information (FOI) matters, you may contact the Ministry of Labour FOI Coordinator at (416) 326-7786.

ID (Ministry Use)

You must complete all areas marked by an asterisk (*) in order for us to process your application. If you do not complete these areas your application form may be returned to you (in which case the application will not be considered to have been served).

1. Employer Information.

Employer Business/Trade Name *

Legal Name *

Business Type (e.g. Corporation, Limited Partnership, Partnership, Sole Proprietorship, Limited Liability Partnership) *

Business Registration Number

Corporation Number, if applicable

Corporation Jurisdiction, if applicable (e.g. Ontario, Canada, other)

Renewals

Check here if you were issued an approval effective March 1, 2005 or later and are seeking a renewal.

2. Employer Contact Information.

First Name *

Last Name *

Position

Telephone (include area code) *
()

Extension

Fax Number (include area code)
()

E-mail Address

Preferred method of receiving correspondence *

Mail

Fax

E-mail

Preferred language of communication *

English

French

Employer Main Business Address

Street Number

Suffix (e.g. A)

Street Name

Type

Direction

Unit/Suite

Rural Route

PO Box

Postal Station

City/Town *

Province/State *

Country *

Postal Code/Zip Code *

3. Additional Locations Where Work Will Be Performed.

If work will be performed at the main business address only, do not complete this section. Go to Section 4. If there are additional work locations where this application applies, please enter required information. Attach additional pages as necessary.

Name of Business *

Street Number	Suffix (e.g. A)	Street Name	Type	Direction	Unit/Suite
Rural Route	PO Box	Postal Station	City/Town *		
Province *			Postal Code *		

4. Application Type. Please select the following application types. *

<input type="checkbox"/> Excess Weekly Hours of Work Complete sections 5, 7 (if applicable), 8, 10 and 11.	<input type="checkbox"/> Averaging Hours of Work for Overtime Pay Purposes Complete sections 6, 7 (if applicable), 9, 10 and 11.
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5. Employee Information for Excess Weekly Hours Application.

Attach additional pages as necessary.

Occupation *	Number of Excess Weekly Hours *	Number of Employees *	Requested Duration: *	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.											
			<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	Start Date	End Date										
			Y Y Y Y M M D D Y Y Y Y M M D D												
Are written agreement(s) in place, or will they be put in place, in accordance with the ESA, for employee(s) to work the requested number of hours? *															
<input type="checkbox"/> Yes <input type="checkbox"/> No															
Are employees in this occupation unionized? *															
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:															
Occupation *	Number of Excess Weekly Hours *	Number of Employees *	Requested Duration: *	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.											
			<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	Start Date	End Date										
			Y Y Y Y M M D D Y Y Y Y M M D D												
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<input type="checkbox"/> Yes <input type="checkbox"/> No															
Are employees in this occupation unionized? *															
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:															
Occupation *	Number of Excess Weekly Hours *	Number of Employees *	Requested Duration: *	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.											
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			Y Y Y Y M M D D Y Y Y Y M M D D												
Are written agreement(s) in place, or will they be put in place, in accordance with the ESA, for employee(s) to work the requested number of hours? *															
<input type="checkbox"/> Yes <input type="checkbox"/> No															
Are employees in this occupation unionized? *															
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:															

8. Reasons for Excess Weekly Hours Application.

Complete for Excess Weekly Hours Application. Maximum 500 characters per answer. *

1. Why do you require the specific number of hours requested?

2. Will you be taking any measures to avoid or reduce excess weekly hours of work? If not, why not?

3. Are there any health and safety issues raised by increasing the hours of work of employees? If so, how will you address these issues?

9. Reasons for Averaging Application.

Complete for Averaging Hours Application. Maximum 500 characters per answer. *

1. Why do you require the specific averaging period requested?

2. Does the averaging period requested benefit the employees in the occupations listed?

10. In the last three years:

Has the employer been convicted of an offence under the ESA by a judge or justice of the peace? If yes, please indicate the most recent conviction date, if known. (Do not include orders made by employment standards officers or orders made or affirmed by the Ontario Labour Relations Board.) *

Yes No

Date

Y	Y	Y	Y	M	M	D	D
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Does the Employer have any unpaid monetary orders under the ESA for which the time to apply for a review has expired? If yes, please indicate the most recent monetary order date, if known. *

Yes No

Date

Y	Y	Y	Y	M	M	D	D
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11. Declaration.

Please note that it is an offence to provide false or misleading information under the ESA. I, the undersigned declare that, to the best of my knowledge, this information and any additional information submitted in support of the employer's application is complete and accurate.

Name (Please print) *

Signature *

Date *

Y	Y	Y	Y	M	M	D	D
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