

**AVERAGING PERMIT/ORDER APPLICATION**

**PLEASE PRINT CLEARLY / COMPLETE SECTIONS FULLY / SEE REVERSE FOR INSTRUCTIONS**

DATE OF APPLICATION: \_\_\_\_\_

1) Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2) Requesting (check all that apply):  
Standard Hours of Work Permit \_\_\_\_ Work Break Order \_\_\_\_ Weekly Day of Rest Order \_\_\_\_ Other \_\_\_\_

3) Do you have a previous permit/order: Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the permit/order # \_\_\_\_\_

4) Who does this request affect?  
a) Workplace Location: \_\_\_\_\_  
b) Total number of employees affected: \_\_\_\_\_  
c) Who is affected (all employees, specific section, department etc.) \_\_\_\_\_

5) Type of business: \_\_\_\_\_ Hours of business operation: \_\_\_\_\_

6) Is the workplace unionized? : Yes \_\_\_\_ No \_\_\_\_ Are the affected employees' covered by the union? : Yes \_\_\_\_ No \_\_\_\_

7) Description of work employees perform:  
\_\_\_\_\_  
\_\_\_\_\_

8) Current employees' work schedule (start/end time, break times, days of week, days off):  
\_\_\_\_\_  
Proposed employees' work schedule (start/end time, break times, days of week, days off). Attach sample schedule where useful:  
\_\_\_\_\_  
\_\_\_\_\_

When are the affected employee's breaks and meals?

a) Break time(s): \_\_\_\_\_ b) Meal time(s): \_\_\_\_\_

This personal information is being collected under the authority of *The Employment Standards Code*.  
It is protected by the protection of privacy provisions of *The Freedom of Information and Protection of Privacy Act*.  
If you have any questions about this collection of information, please contact the Manager of Client Services,  
604 - 401 York Ave. Wpg MB 945-3352 or 1-800-821-4307

9) **Employer:** I hereby certify that the particulars herein stated are true and correct and that the employees' concurrence was voluntary. Should the request be approved, I agree to abide by all conditions contained in the Permit/Order and all other applicable legislation.

Name: \_\_\_\_\_ (Please print) Signature: \_\_\_\_\_

10) Affected employees' signed, voluntary agreement attached? : Yes \_\_\_\_ No \_\_\_\_

**INTERNAL USE ONLY:**

Employee Concurrence Required? :

DATE: \_\_\_\_\_ APPROVED  NOT APPROVED

NO  YES  CONCUR \_\_\_\_\_%

PERMIT #: \_\_\_\_\_

VALIDATION: \_\_\_\_\_  
*For the Director of the Employment Standards Branch*

## LAWS GOVERNING AVERAGING PERMITS/ORDERS IN MANITOBA

- *The Employment Standards Code* (the Code) of Manitoba regulates conditions of employment and sets minimum standards such as hours of work, work breaks and a weekly day of rest.
- Under the Code, an application may be made to the Director of Employment Standards for a permit/order to average the standard hours of work across a specific number of weeks, change the day of rest or vary the break period.
- The **standards hours of work** are forty (40) hours in a week and eight (8) hours in a day. Hours worked above these are overtime. Employers may apply to vary the standard hours of work to average across a different period. The averaging formula is: standard hours = (# of weeks) X (max 40 hours).
- The Code provides employees with a 30 minute **work break** after five consecutive hours of work. Employers may apply to reduce this break. This request will not be considered without the consent of all affected employees. Employers will be required to demonstrate the benefit to the affected employees.
- The Code provides employees with a **weekly rest period** of not less than 24 consecutive hours. Employers may apply to have their workplace exempt in order to change the timing of the rest period and lengthen the number of consecutive work days. The number of days of rest employees are entitled to at the end of the work period is still equal to one per week.
- A permit/order generally requires **the written agreement of the majority of affected employees**. Before issuing a permit, the director must consider industry customs or practices, the opinion of a majority of the affected employees, the safety health and welfare of the public and employees and any relevant history of compliance or non-compliance with the Code.
- Employers and employees are subject to all Acts and Regulations pertaining to labour, workplaces and employment standards. Other provincial legislation may affect employment. It is the employer's responsibility to know the legislative protections that apply to their workplace.
- For further information, contact the Employment Standards Office at 945-3352 or 1-800-821-4307 (Toll Free). Or visit our website:  
<http://www.manitoba.ca/labour/standards>.

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

*The following information and instructions correspond to the numbered sections on the front of this form.*

- 1. Full mailing address required. The permit/order will be mailed.*
- 2. More than one permit or order may be applied for at once, for the same employees.*
- 3. If the permit/order will not affect all workplace employees, please specify who will be affected (such as: night shift only, all production, warehouse employees).*
- 4. Total hours of work per day/week and start/end time are considered in the overall health and well-being of employees. Be specific and indicate clearly (daily and weekly maximums, number of consecutive days, number of days off, all break times – paid or unpaid etc.) and any benefit to the affected employees.*
- 5. It is the employer's responsibility to know the legislative protections that apply to their workplace.*
- 6. Applications for averaging the standard hours of work and varying the break period must include the voluntary signed agreement of a majority of the affected employees. The document must clearly indicate all the proposed terms to which the employees are agreeing.*

## Employees' Survey for Written Agreement

To constitute a valid written employee agreement/opinion, the document must clearly show that the employees knew what they were agreeing to and understood they have a choice.

The document must contain:

1. The proposed terms to which the employees are agreeing, on the same page as the signature(s).
2. A list of employees that will be affected by the schedule change.
3. Each affected employee's signature, either agreeing or disagreeing with the proposal.
4. Explanation for any employees unavailable to sign, such as those on leave.
5. Contact information for the employees to contact the Employment Standards Branch with questions or concerns. The phone number is 204-945-3352, or 1-800-821-4307 (toll free in Manitoba). E-mail [employmentstandards@gov.mb.ca](mailto:employmentstandards@gov.mb.ca)

Below is a sample of what an employee's agreement sheet might look like.

*We would like you to consider the request of COMPANY XYZ to apply to the Employment Standards Branch for a permit seeking certain exemptions from the provisions of The Employment Standards Code. Please review the proposed terms and sign your opinion to the proposed application below.*

*Proposal:* (clearly state all terms related to new schedule)

*(example) Employees in the sifting department will work 10 hours per day (from 8:00 a.m. to 6:00 p.m.), 50 hours per week, 80 hours in a two-week cycle, without overtime pay. Employees will receive one 15-minute break at 10:00 a.m., one 30-minute break at noon, and a second 15-minute break at 3:00 p.m. Overtime will be paid after 10 hours per day, 50 hours per week, and 80 hours in a two-week period.*

*If you have any questions or concerns about this proposal that COMPANY XYZ is unable to address, you may call the Employment Standards Branch at (204) 945-3352 or 1-800-821-4307 (toll free in Manitoba).*

*Please sign below to indicate your support or disagreement with the proposal.*

	<i>Signature</i>	<i>Date</i>	<i>Agree</i>	<i>Disagree</i>
<i>Albert Einstein</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bob Newhart</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Carmen Electra</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Davie Jones</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ed Asner</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Frankie Avalon</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gina Lollobrigida</i>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>