

Hours of Work and Averaging Hours Application Form

General Information

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.

Submit this form to:	Director of Employment Standards 400 University Avenue, 9th Floor Toronto, Ontario, M7A 1T7 Fax: 1-866-588-9998 or 416-212-7900	ID (Ministry Use) 60061311
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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's Business Name *	
NT TEMPS INC.	
Employer's Legal Name *	
NT TEMPS INC.	
Business Type (e.g. Corporation, Limited Partnership, Partnership, Sole Proprietorship, Limited Liability Partnership)*	Business Registration Number
	867393480
Corporation Number, if applicable	Corporation Jurisdiction, if applicable (e.g. Ontario, Canada, other)

Renewals

Check here if you have previously been issued an Hours of Work approval and are seeking renewal.

Please provide the Hours of Work Application ID Number of your previous Approval, if applicable.

60051612

2. Employer Contact Information.

First Name *		Last Name *	
COLLEEN		GOULDSON	
Position			
CEO			
Telephone (include area code) *	Extension	Fax Number (include area code)	E-mail Address
(705) 435-1540	110	(705) 435-6907	colleen@nottawasaga.com
Preferred method of receiving correspondence *		Preferred language of communication *	
<input type="checkbox"/> Mail <input checked="" type="checkbox"/> E-mail		<input checked="" type="checkbox"/> English <input type="checkbox"/> French	

Employer Main Business Address

Street Number	Suffix (e.g. A)	Street Name	Type	Direction	Unit/Suite
39		VICTORIA	ST	East	
Rural Route	PO Box	Postal Station	City/Town *		
			ALLISTON		
Province/State *		Country *		Postal Code/Zip Code *	
ONTARIO		CANADA		L9R 1V5	

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

<input checked="" 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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4. Occupational Group Information for Excess Weekly Hours of Work.

Attach additional pages as necessary.

Occupational Group * Assembler	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
	60	100	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all employees in this occupation unionized? *				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Union Name and Local:				
Occupational Group * Material Handler	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
	60	100	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all employees in this occupation unionized? *				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Union Name and Local:				
Occupational Group * Landscaping	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
	60	100	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all employees in this occupation unionized? *				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Union Name and Local:				

4. Occupational Group Information for Excess Weekly Hours of Work.

Attach additional pages as necessary.

Occupational Group *	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
			<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Forklift Operator	60	100	Are all employees in this occupation unionized? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Union Name and Local:	
			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 all employees in this occupation unionized? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:	
Occupational Group *	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
			<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
			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	
Occupational Group *	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Are all employees in this occupation unionized? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:	
			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 all employees in this occupation unionized? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:	
Occupational Group *	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Requested Duration: *	
			<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date. Start Date (yyyy/mm/dd) End Date (yyyy/mm/dd)
			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	
Occupational Group *	Maximum Number of Weekly Hours. *	Number of Employees in Occupational Group *	Are all employees in this occupation unionized? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:	
			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 all employees in this occupation unionized? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Union Name and Local:	

5. Occupational Group Information for Averaging Hours of Work for Overtime Pay Purposes.

Attach additional pages as necessary.

Occupational Group *	Number of Weeks to Average Over *	Number of Employees in Occupational Group *	Requested Duration: *		
			<input type="checkbox"/> 1 year	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.	
			<input type="checkbox"/> 2 years	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
			Are written agreement(s) in place, or will they be put in place, in accordance with the ESA, for employee(s) to have their hours of work averaged for overtime pay purposes? *		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees in this occupation unionized? *			If yes, Union Name and Local:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Group *	Number of Weeks to Average Over *	Number of Employees in Occupational Group *	Requested Duration: *		
			<input type="checkbox"/> 1 year	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.	
			<input type="checkbox"/> 2 years	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
			Are written agreement(s) in place, or will they be put in place, in accordance with the ESA, for employee(s) to have their hours of work averaged for overtime pay purposes? *		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees in this occupation unionized? *			If yes, Union Name and Local:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Group *	Number of Weeks to Average Over *	Number of Employees in Occupational Group *	Requested Duration: *		
			<input type="checkbox"/> 1 year	<input type="checkbox"/> Check here if duration is less than one year and enter start and end date.	
			<input type="checkbox"/> 2 years	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
			Are written agreement(s) in place, or will they be put in place, in accordance with the ESA, for employee(s) to have their hours of work averaged for overtime pay purposes? *		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees in this occupation unionized? *			If yes, Union Name and Local:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

6. List Union Contact Details.

If you provided Union Name and Local in section 5 and/or 6, please enter required information. Attach additional pages as necessary.

Union Name and Local	Union Contact Full Name	Telephone Number	Extension	Email Address

7. Reasons for Excess Weekly Hours Application.

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

1. Please state the business requirement(s) that causes a need for employees to work the excess weekly hours of work requested?
Supply of temporary labour - client sites frequently ask employees to work between 45 and 59 hours per week to deal with fluctuating production requirements

2. Please describe other ways, apart from employees working excess weekly hours that you have explored for getting the work done. Please also describe the measures, if any, you will be taking in the future to eliminate or reduce excess weekly hours of work.
Supply of additional workers - this is always the best option though not always possible due to challenges in labour supply and training requirements

3. Please describe the measures in place at the workplace to ensure employees' health and safety while working the excess hours of work requested. ensuring break requirements are met; safety inspections; ensuring excess hours are always optional and employees are not penalized for declining excess hours

8. Reasons for Averaging Hours of Work Application.

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

1. Please explain why you are requesting approval to average employees' hours of work for overtime pay purposes and indicate the reason for the specific averaging period requested?

2. Please clearly explain the benefit(s) to employees of having their hours of work averaged for overtime pay purposes.

9. Prior Convictions and/or Orders under the ESA:

Has the employer been convicted of an offence under the ESA by a judge or justice of the peace in the last three years? If yes, please indicate the most recent conviction date, if known.*

Yes
 No

Date (yyyy/mm/dd)

Does the Employer have any outstanding 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 and or order number, if known.*

Yes
 No

Date (yyyy/mm/dd)

Order #

10. 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 (yyyy/mm/dd) *

Colleen Gouldson

online

2018/11/27