

One Day's Rest in Seven Permit

Under Section 2-13(3) of *The Saskatchewan Employment Act*

For more information about this permit and other permits, please visit saskatchewan.ca.

Business Information

Legal Business Name: _____

Operating Name (if different than above): _____

Address: _____

Box/Suite

Street Number

City

Province

Postal Code

Phone: _____

Fax: _____

E-mail: _____

Work/Site Location (if different than above): _____

Type of Business: _____

Employee Information

Total number of employees who will be affected by the permit: _____

Job classification of the employees who will be affected by the permit: _____

The employees are represented by a union? Yes No

Permit Information

Reason for exemption of Section 2-13(3) - One Day's Rest in Seven Permit: _____

Start date for time period requested (dd/mm/yyyy): _____

End date for time period requested (dd/mm/yyyy): _____

Declaration, Consent, and Signatures

Employer Declaration and Signature

I, _____
(Print name and title of employer or authorized officer)

hereby certify that the information contained in this application is true and correct to the best of my knowledge.

X _____
Signature of Employer

Date (dd/mm/yyyy)

Name of Contact Person: _____

Phone: _____

Employee Declaration of Support and Signatures

We, the employees whose hours may be affected:

- Hereby consent to our employer requesting a permit under *The Saskatchewan Employment Act*, subject to the conditions stated on the application;
- Acknowledge that these conditions have been explained to us;
- Understand that our employer must not pressure us to give our consent; and
- Understand that if any pressure has been put on us to give our consent, we may register a formal or anonymous complaint with the Employment Standards Division.

List of Employees and Signatures of Consent - One Day's Rest in Seven Permit	
Name (Please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

List of Employees and Signatures of Consent - One Day's Rest in Seven Permit	
Name (Please print)	Signature
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If additional signature pages are attached, please indicate how many pages have been added _____.

Please send completed form to:

Employment Standards Division
 Ministry of Labour Relations and Workplace Safety
 300 - 1870 Albert Street
 Regina, Saskatchewan S4P 4W1

