

Modified Work Arrangement Template

1. Legal Business Name:		
2. Operating Name: (if different than above)		
3. Address:		
Street Number and Name		Box/Suite#
City	Province	Postal Code
Phone	Fax	E-mail address (optional)
4. Work/Site Location: (if different than above)		
5. Total Number of Employees Who Will be Affected by the Permit:		
6. Information about Employees:		
a. Job classification of the employees who will be affected by the permit: _____ _____		
b. The employees are represented by a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Type of Modified Work Arrangement agreed to:		
Section 2-19 Please select <input type="checkbox"/> 40 hours over 1 week <input type="checkbox"/> 80 hours over 2 weeks <input type="checkbox"/> 120 hours over 3 weeks <input type="checkbox"/> 160 hours over 4 weeks		
8. Overtime		
Under this agreement, the number of hours per day the employee will work after which overtime will be paid: _____ hours (maximum 12 hours)		
A work schedule should be attached and must correspond to the agreement.		
Overtime rate is 1.5 times the employee's hourly rate. Overtime pay is required for any hours worked in excess of the agreed weekly average and daily hours. The weekly hours before overtime is required are reduced by eight hours for each Public Holiday occurring in the weekly period.		

9. The Time Period for Which the Agreement is Valid (two year maximum):

Start date (day/month/year):

End date (day/month/year):

10. Employer 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.

(Signature)

(date)

Any person who makes a false or misleading statement in this agreement, with the intent to deceive, is guilty of an offence under Part 2 of *The Saskatchewan Employment Act*.

If there are any questions regarding this agreement, please call 306.787.2438 or Toll Free 1.800.667.1783. This document must be posted in a place accessible to all employees.

Agreement to Average Work Hours

Legal Business Name:	
Type of Modified Work Arrangement agreed to:	
Section 2-19	
Please select	
<input type="checkbox"/> 40 hours over 1 week	<input type="checkbox"/> 80 hours over 2 weeks
<input type="checkbox"/> 120 hours over 3 weeks	<input type="checkbox"/> 160 hours over 4 weeks
Maximum hours per day the employee will work ____ (insert number) after which overtime is payable. This number must correspond to the work schedule.	
The Time Period for Which the Agreement is Valid:	
Start date:	End date: (day/month/year)

A work schedule should be attached and must correspond to the agreement.

List of Employees			
We the undersigned agree to the modified work arrangement above. Managers and professionals should not sign this form as define by <i>The Saskatchewan Employment Act</i> .			
Name <small>(please print)</small>	Job Classification <small>(please print)</small>	Signature	Date Signed
1.			
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3.			
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21.			

Type of Modified Work Arrangement agreed to:

Section 2-19

Please select

- 40 hours over 1 week 80 hours over 2 weeks
 120 hours over 3 weeks 160 hours over 4 weeks

Maximum hours per day the employee will work ____ (insert number) after which overtime is payable. This number must correspond to the work schedule.

The Time Period for Which the Agreement is Valid:

Start date: End date: (day/month/year)

List of Employees

We the undersigned agree to the modified work arrangement above. Managers and professionals should not sign this form as define by *The Saskatchewan Employment Act*.

Name (please print)	Job Classification (please print)	Signature	Date Signed
22.			
23.			
24.			
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If additional signature pages are attached, please indicate how many pages have been added _____.