

LCUCAbd^c Department of Justice Maligaliqiyikkut Ministère de la Justice

APPLICATION – PERMIT FOR EXTENDED HOURS

Employer's Name:			Contact:			
Address (Mailing):			Phone Number:			
			Email Address:			
Project Name:			General Contractor's Name:			
Location of Project:			Name of Closest Community:			
Give dates for Length of time of Permit: (dd/mm/yyyy)						
From: To:						
Classifications of labour to be affected by this Application: (Specify: Job Titles, description of duties and list <u>all</u> equipment/machines to be used)						
Number of Employees			Number of H	er of Hours Worked: Number of Hours Worked:		
Affected by this Details of any s	may have for r	otation of staff.	Per Day Per Week			
Number of Rest Breaks Given per Day:	Type of Rest	Minutes per	Type of Rest	Minutes pe	r Other Rest Breaks: (specify type of break and minutes)	
	Break:	Break:	Break:	Break:		
					—	
Authorized By: (please print name)			Authorized By: (signature)		Date: dd/mm/yyyy	
		Labour Sta PC ss Iqa Pr	Submit Completed Application to: Labour Standards Compliance Office PO Box 1000 Stn 590 Iqaluit, NU X0A 0H0 Phone: 867 975 7293 Fax: 867 975 7294		*Office Use Only *	