Two Days' Rest in Seven Permit

Under Section 2-13(5) 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 title(s) or classification(s) of the employees who will be affected by the permit: _____

_____

_____

Are the employees represented by a union? ☐ Yes ☐ No (If yes, attach a union agreement letter)

Permit Information

Reason for exemption of Section 2-13(5) - Two Days' Rest in Seven Permit: _____

_____

_____

_____

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

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

☐ Work Schedule attached

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 - Two Days' Rest in Seven Permit

(Please obtain agreement from the majority of employees before submitting the permit application)

Name (Please print)	Signature

List of Employees and Signatures of Consent - Two Days' Rest in Seven Permit (Please obtain agreement from the majority of employees before submitting the permit application)	
Name (Please print)	**Signature**

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
Sturdy Stone Building, 8th Floor
122 - 3rd Avenue North
Saskatoon, SK S7K 2H6

Application forms can also be submitted by fax to (306) 933-5444 or by email to:
employmentstandardspermits@gov.sk.ca.