

| Work Break Order Application | | |
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| Contact Person: | | |
| | Name | Phone number Email |
| Business Name: | | |
| Business Address: | | |
| | Street Number and Name | Box/Suite |
| | City | Province/State Postal Code/Zip |
| This is a: | New Order Amendment or Renewal to Order# _____ (insert order number) | |
| The Permit Affects: | Worksite Location (if different than above) | |
| | Type of Business | |
| | Who is Affected? (all employees, specific section, department, etc.) | |
| | Job Titles and Duties of Affected Employees | |
| | If any, how many of the affected employees are under the age of 16: _____ | |
| | Employees are Represented by a Union: Yes No | |
| The duration and number of meal break times proposed are: (be specific) | | |

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| √ all that apply: | The employees have care of someone or something that cannot be abandoned Explain: _____ _____ _____ | A break after 5 hours of work is an undue hardship or unduly restricts business operations Explain: _____ _____ _____ |
| | The timing of the break (within 5 hours) is the problem, not the length (30 mins.) Explain: _____ _____ _____ | Workloads vary enough that employees get alternate breaks free from work and duties Explain: _____ _____ _____ |
| | Employees control when they take breaks Explain: _____ _____ _____ | There will be scheduled breaks that are different from the minimum standard Explain: _____ _____ _____ |
| | Employees are paid for break times Explain: _____ _____ _____ | |
| Time Period Requested for the order (maximum 3 years) <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>_____</div> <div>_____ (Day/Month/Year)</div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Start Date</div> <div>End Date</div> </div> | | |

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|---|-----------------|
| Employer: I certify that all information contained in this application is true and correct. Should the request be approved, I agree to all conditions contained in the Order and all other applicable legislation. | |
| Name: _____ (print) | |
| Signature: _____ | Date: _____ |
| INTERNAL USE ONLY: | Permit #: _____ |

This personal information is being collected under the authority of *The Employment Standards Code*. It is protected by the protection of privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact the Manager of Client Services, 604 - 401 York Ave. Wpg MB, (204) 945-3352 or 1-800-821-4307.