Notice – Contract concerned by the staggering work hours

Article 3.01.1 of the Decree respecting security guards

RESERVED FOR THE COMITÉ PARITAIRE DES AGENTS DE SÉCURITÉ						
Date of receipt	Year /	Month /	Day	Service request	Number	Authorization ☐ Yes ☐ No

IMPORTANT

- The employer has to forward a written notice to the Parity Committee at least 60 days before the implementation of the schedule.
- The schedule concerns a specific contract.
- The duration of the schedule must not exceed 1 year. Any renewal or modification must be notified to the Comité paritaire des agents de sécurité at least 60 days in advance.
- The employer must obtained the agreement of the employees concerned.
- The purpose of the schedule is not to avoid the payment of overtime hours. The schedule have to grant the employee another type of benefit to compensate for the loss of payment of overtime hours.
- It is the employer's responsibility to demonstrate the benefits of the staggering work hours for the employees covered by this notice.
- Work hours are scheduled over a maximum period of 4 weeks and the average number of working hours is equivalent to the number of hours of the standard workweek.

A GENERAL INFORMATION

1. Employer's name _____

   Employer's number _____
2. Name of the contract concerned by the staggering work hours _____

   _____

   Address of the contract concerned by the staggering work hours _____

   _____
3. Name of the person heading the request _____

   E-mail _____ Phone number _____
4. Number of employees covered by the staggering work hours _____

B JUSTIFICATION FOR THE STAGGERING WORK HOURS

1. What is the period covered by the notice ? (Maximum 1 year)

   Start date _____/_____/_____ End date _____/_____/_____

2. On what basis will the work hours be staggered ? (Maximum 4 weeks) _____

3. What are the specific conditions of the contract that justify the staggering work hours ?

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4. What benefits do employees covered by the staggering work hours receive under the contract ?

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C SIGNATURE OF THE EMPLOYER OR RESPONSIBLE PERSON

Name (in block letters)	Signature	Year Month Day Date / /

N.B. This notice must be accompanied by the **written agreement of all employees under the contract.**