**Averaging Agreement**

The Aboriginal Coalition to End Homelessness and

to the following averaging agreement pursuant to section 37 of the *BC Employment Standards Act*. An employee’s agreement to averaging hours of work is voluntary and is between the employer and an individual employee.

|  |  |
| --- | --- |
| **Number of weeks over which the agreement applies** | [4] (whereby a week is defined as a period of 7 consecutive days beginning on) |
| **Start date of the agreement** |  |
| **End date of the agreement** |  |
| **Overtime pay** | If required to work longer than their scheduled shift, or work an additional shift on a different day, overtime will be paid at 1.5 of their regular hourly rate for all hours worked in excess of 160 hours in a 4 - week pay period. |
| **Changes to the schedule** | At the employee’s written request, the employer and employee may agree to adjust the work schedule provided that the total number of hours scheduled in the agreement remain the same. |
| **Time off** | The schedule below ensures that the employee is entitled to a 32-hour interval free from work each week, and at least 8 hours free from work between shifts. |

Work schedule for each day covered by the agreement:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
| **Week 1** |  |  |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |  |  |
| **Week 3** |  |  |  |  |  |  |  |
| **Week 4** |  |  |  |  |  |  |  |

**Total hours: 4 weeks X** **Total # hours= Total # Total Hours / 4 Weeks = Total # / 4 hours (hours cannot exceed 160 hours)**

All parties agreeing to the averaging agreement are bound by the terms outlined in this agreement until the expiry date set out above, or, as agreed to in writing, an adjustment to the work schedule or the expiry date. The employer will retain this averaging agreement for 2 years after the employment relationship terminates.

**Agreement:** I have received and reviewed the Averaging Agreement and I understand that it is my responsibility to read and comply with the guidelines contained herein and any revisions made to it. In signing this document, I understand that I am agreeing to average my hours as indicated above.

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| **Signature** | **Signature** |

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**Date Date**