

TEMPORARY FOREIGN WORKER PROGRAM
WAIVER TO WORK ADDITIONAL HOURS AND POSTPONE DAY(S) OF REST

Date: _____

This authorization is for the following **two-week period (or less)**:

Start date	End Date

IMPORTANT MESSAGING FOR TEMPORARY FOREIGN WORKERS:

1. Before you sign this document, you should read "[Temporary foreign workers: Your rights are protected](#)".
2. You have the right to decline any additional hours of work.
3. You have the right to decline postponing your day of rest.
4. You should not work excessive hours that will put your health or safety at risk.
5. Refer to the Employment Agreement for the terms and conditions regarding working hours and overtime pay.

By signing below, **you consent to working additional hours for the period noted above.**

Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____
Workers Name (Printed) _____	Signature _____

Employer's Name (Printed) _____ Signature _____

Disclaimer: The Government of Canada is not a party to this waiver. A third-party representative cannot act as a party to or sign this waiver on behalf of the employer or worker.