



Overtime Policy Agreement Form

Date: _____

Employee Name: _____

Currently my normal schedule is ____ (typically 8) hours of work per day, from Monday to Friday.

The nature of my Employer's business requires flexible working hours and I may be required to work more than _____ hours in a day and more than _____ hours in a work week from time to time.

I acknowledge that:

- My Employer has provided me with a copy of the [Information Sheet on Hours of Work](#), which the Employer has represented is the most recent version, on my rights and responsibilities regarding hours of work and overtime pay;
- My agreement is being given voluntarily as I am not obligated to work more than 8 hours in a day and more than 44 hours in a work week; and
- I understand that I can cancel this Agreement by providing my Employer with two weeks' written notice.

Employee's Signature: _____

Date: _____