

OVERVIEW

The time period for a temporary layoff related to COVID-19 may be extended to a maximum of 24 weeks, ending on or before August 30, 2020.

Employers with reasonable plans to recall employees by a specific date that falls after August 30, 2020 can apply to extend the temporary layoff through a variance to the Employment Standards Act. A variance can amend parts of the Act for work situations that do not strictly meet the Act requirements but are consistent with the intent of the Act. Under the Act, a variance only applies to non-unionized and non-excluded employees. **If your temporary layoff ends before August 30, 2020 you do not need to apply.**

Employers facing uncertainty determining a firm recall date for employees because of variables affecting BC's Restart Plan and reopening of the economy should determine a date that most closely aligns with their reasonable business plans to partially or fully resume operations.

- In exercising discretion to grant a variance, the Director of Employment Standards retains authority to set an expiry date and after considering all the circumstances and the purposes of the Act, may grant a variance for a shorter duration than is requested in the application
- While all applications are considered on a case-by-case basis, only in exceptional circumstances will the Director of Employment Standards exercise discretion to grant an extension of the temporary layoff period past December 31, 2020

Need help filling out this form? Call us toll-free at [1-800-663-3316](tel:1-800-663-3316). Someone can help you in over 140 languages.

SUBMIT AN ONLINE APPLICATION – An online application is recommended. Visit www.gov.bc.ca/covidlayoffsemployer to access the online application and learn about the COVID-19 Temporary Layoff Variance.

APPLICATION DEADLINE – Applications must be received by **August 25, 2020** to receive a decision by August 30, 2020.

BEFORE YOU START

Inform Employees of Intention to Apply

This is a joint application. Before applying, you must make sure that the majority of affected employees are aware of the application and agree to continue to be temporarily laid-off from work.

More than 50% of affected employees must approve the decision to apply for a variance. If a majority decision is not reached, an employer cannot proceed with the application. Applications that demonstrate a high level of employee support are highly encouraged.

Document Employee Support

Employers are responsible for documenting employee support. You must provide proof you have more than 50% of affected employees in agreement.

We recommend emailing employees with detailed information on how a temporary layoff related to COVID-19 impacts their employment. Clearly explain what a variance is and how the process works.

The Employment Standards Branch has created an email template to make informing your employees easy and an online form to help you document employee support found at www.gov.bc.ca/covidlayoffsemployer.

SUBMIT APPLICATION

Submit this application package with documented employee support and any requested documents to variance@gov.bc.ca.

For fast processing, we recommend submitting an online application found at www.gov.bc.ca/covidlayoffsemployer.

Submit your application as soon as possible. **Applications must be received by August 25, 2020** to receive a decision by August 30, 2020.

RECEIVE NOTICE FROM THE EMPLOYMENT STANDARDS BRANCH

- If the variance is granted, you will be emailed a copy of the variance decision
- If the variance is denied, a formal decision is sent by registered mail to both the employer and affected employees

The Director of Employment Standards may conduct an investigation to ensure compliance with the Act and the regulations, at any time, and whether or not the director has received a complaint.

IMPLEMENT THE CHANGE AND INFORM EMPLOYEES

The conditions in the variance must be followed and a copy of the variance must be posted at the worksite. We also recommend sending a copy of the variance to employees by email.

Instructions:

- Complete this form to apply for a COVID-19 Temporary Layoff Variance
- If you require additional information or help filling this application, call us toll-free at [1-800-663-3316](tel:1-800-663-3316)
- Submit this application package with documented employee support and any requested documents to variance@gov.bc.ca

The information on this form is collected by the Employment Standards Branch under Section 26(c) of the [Freedom of Information and Protection of Privacy Act](#) (FOIPPA) and will be used to process the application. Should you have any questions about the collection of this information, please contact [1-800-663-3316](tel:1-800-663-3316)

SECTION 1 - DECLARATION

- I certify that I will answer honestly throughout this application and will only provide information that is true and accurate to the best of my knowledge.
- I understand that if I do not provide full and accurate information, there may be a delay in the processing of my application.

SECTION 2 – BUSINESS INFORMATION

LOCATION OF REGISTERED BUSINESS			
<input type="checkbox"/> Registered in B.C.	<input type="checkbox"/> Not Registered.	<input type="checkbox"/> Outside of B.C.	Where outside of B.C.? _____
TYPE OF BUSINESS			
<input type="checkbox"/> Corporation (skip Section 7 & 8)	<input type="checkbox"/> Society or non-profit (skip Section 7 & 8)	<input type="checkbox"/> Partnership (skip Section 7)	
<input type="checkbox"/> Sole proprietorship (skip Section 8)	<input type="checkbox"/> Other (complete applicable sections) _____		

SECTION 3 - EMPLOYER INFORMATION

A – EMPLOYER INFORMATION	
LEGAL BUSINESS OR ORGANIZATION NAME	B.C. REGISTRY NUMBER <i>(if applicable)</i>
OPERATING NAME <i>(if applicable)</i>	WEBSITE ADDRESS <i>(optional)</i>
EMAIL ADDRESS <i>(optional)</i>	TELEPHONE NUMBER
B – EMPLOYER'S BUSINESS	
Is your business subject to an insolvency proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

C – MAILING ADDRESS IN BRITISH COLUMBIA			
MAILING ADDRESS		CITY	POSTAL CODE
D – MAILING ADDRESS OUTSIDE BRITISH COLUMBIA (IF APPLICABLE)			
MAILING ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY

SECTION 4 - CONTACT PERSON INFORMATION

The contact person must be an employee of the business. For example, the business owner or someone responsible for staffing decision.

A – CONTACT PERSON INFORMATION			
FIRST NAME	MIDDLE NAME <i>(if applicable)</i>	LAST NAME	
OTHER KNOWN OR USED NAMES <i>(optional)</i>			PREFERRED TITLE <i>(optional)</i>
EMAIL ADDRESS <i>(optional)</i>		TELEPHONE NUMBER	
B – MAILING ADDRESS			
<input type="checkbox"/> same as employer mailing address (Section 3)			
STREET ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY

SECTION 5 – VARIANCE AND EMPLOYEE INFORMATION

In order to grant a variance extending the time period for a temporary layoff, the Director must be satisfied the variance will facilitate the preservation of the employer's operations.

A – VARIANCE INFORMATION	
Does this variance application, as supported by the described reasons, help preserve the employer's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE THE REASON WHY THE VARIANCE IS REQUIRED	
<input type="checkbox"/> The business cannot open until B.C. moves to Phase 4 of its Restart Plan (for example, conventions, casinos, live audience professional sports, concerts, international tourism)	
<input type="checkbox"/> The business is in Phase 3 of B.C.'s Restart Plan but is not currently fully operational because of issues related to COVID-19 (for example, hotel, motels, RV parks, cabins, resorts, hostels, lodges, backcountry operators, film and television)	
<input type="checkbox"/> Other reasons and/or additional details. Please describe:	
WHAT RECALL DATE WAS COMMUNICATED TO YOUR EMPLOYEES?	YYYY / MM / DD
NUMBER OF AFFECTED EMPLOYEES	NUMBER OF EMPLOYEES WHO CONSENT THIS APPLICATION

B – EMPLOYEE INFORMATION

EMPLOYEES AFFECTED BY THIS APPLICATION

- All employees
 Employees with a specific job title or duties
 Specific named employees

Provide a list of specific job titles, duties or specific named employees. If “All employees” was selected, this is not required. (if more space is required, attach a separate sheet):

CHECK ALL INDUSTRIES THAT AFFECTED EMPLOYEES WORK IN

- | | | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> All industries | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Professional, Scientific, and Technical Services |
| <input type="checkbox"/> Accommodation and Food Services | <input type="checkbox"/> Health Care and Social Assistance | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services | <input type="checkbox"/> Information | <input type="checkbox"/> Real Estate and Rental and Leasing |
| <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting | <input type="checkbox"/> Management of Companies and Enterprises | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Arts, Entertainment, and Recreation | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining, Quarrying, and Oil and Gas Extraction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Other Services (except Public Administration) | |

SECTION 6- BUSINESS LOCATION(S)

Complete this section if you have multiple business locations. If you require additional sections, duplicate this page or attach a document with the same form fields.

LOCATION			
STREET ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY
TELEPHONE NUMBER <i>(optional)</i>			<input type="checkbox"/> This is a mobile number

LOCATION			
STREET ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY
TELEPHONE NUMBER			<input type="checkbox"/> This is a mobile number

LOCATION			
STREET ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY
TELEPHONE NUMBER			<input type="checkbox"/> This is a mobile number

SECTION 7 - BUSINESS OWNER INFORMATION

Complete this section if there is sole proprietorship over the registered business.

A – BUSINESS OWNER INFORMATION			
FIRST NAME	MIDDLE NAME <i>(if applicable)</i>	LAST NAME	
OTHER KNOWN OR USED NAMES <i>(optional)</i>			PREFERRED TITLE <i>(optional)</i>
EMAIL ADDRESS <i>(optional)</i>		TELEPHONE NUMBER	
B – MAILING ADDRESS			
<input type="checkbox"/> same as employer mailing address (Section 3)			
STREET ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY

SECTION 8: BUSINESS PARTNER(S)

Complete this section if you have additional partners in the business. If you require additional sections, duplicate this page or attach a document with the same form fields.

A – PARTNER INFORMATION (IF A BUSINESS OR ORGANIZATION)			
LEGAL BUSINESS OR ORGANIZATION NAME		B.C. REGISTRY NUMBER <i>(if applicable)</i>	
OPERATING NAME <i>(if applicable)</i>		WEBSITE ADDRESS <i>(optional)</i>	
EMAIL ADDRESS <i>(optional)</i>		TELEPHONE NUMBER	
B – PARTNER INFORMATION (IF A PERSON)			
FIRST NAME	MIDDLE NAME <i>(if applicable)</i>	LAST NAME	
OTHER KNOWN OR USED NAMES <i>(optional)</i>			PREFERRED TITLE <i>(optional)</i>
EMAIL ADDRESS <i>(optional)</i>		TELEPHONE NUMBER	
C – MAILING ADDRESS			
<input type="checkbox"/> same as employer mailing address (Section 3)			
MAILING ADDRESS			
CITY	PROVINCE/STATE/REGION <i>(if applicable)</i>	POSTAL/ZIP CODE <i>(if applicable)</i>	COUNTRY