

Support for a Temporary Layoff Variance

Download a copy to your desktop
Complete the form from your desktop
Send a copy to your employer
Keep a copy for your records

Date (YYYY-MM-DD)

Employer Name

I, _____, give my support to extend a temporary
Full legal name
layoff as specified by my employer through a variance to the Employment
Standards Act. I support the application to stay on a temporary layoff until
_____. [Note: this is the future date that your employer intends to recall you by]
YYYY-MM-DD

- I confirm I have read the available resources and understand my rights as an employee.
- I confirm I have read and understand the email sent by my employer that details the reason for the temporary layoff extension.

Employee Details	
Full legal name	
Job title or role	
Email	
Phone number	

For more information:
Employment Standards Branch

www.gov.bc.ca/EmploymentStandards
Toll-free: [1-833-236-3700](tel:1-833-236-3700)
(We can help in over 140 languages)