School District 8
Kootenay Lake

REQUEST TO DECREASE TIME TO CUPE EMPLOYEE

This form must be completed, signed, and submitted for every requested decrease to a **CUPE employee**. Decreases will be completed only once approval has been provided by Human Resource Services.

School/Site: _____

Employee Name: _____

For CUPE decrease requests:

1. Employee's **current hours (total)** including GL breakdown:

   _____

2. Proposed decrease:

   a) Number of hours: _____

   b) Is this decrease **PERMANENT** ____ **TEMPORARY:** ____

   c) If temporary (less than 6 months), dates of decrease: _____

   d) Is this over 12% of the Employee's original posting? Yes ____ No ____

   (IF YES TO THE ABOVE - PRIOR TO NOVEMBER 30 THE EMPLOYEE WILL BE LAID OFF AND THE POSITION REPOSTED. –AFTER NOVEMBER 30, THE POSITION WOULD BE REPOSTED IN JUNE IF THE HOURS ARE TO CONTINUE FOR THE FOLLOWING YEAR)

   e) GL code(s) and name(s) of account for decrease (provide all, including breakdown by hour):

   _____

3. Start Date for decrease: _____
4. End Date for decrease **(if temporary**): _____
5. Schedule of decrease **(needed for SFE):** (eg: M-F, 2-3pm) _____
6. Principal's signature for decrease: _____
7. Employee's signature for decrease indicating acknowledgement: _____
8. Director of Inclusive Education signature (**If Education Assistant**): _____

811 Stanley St, Nelson BC V1L 1N8
Tel 250.352.6681 Fax 250.352.6686 sd8.bc.ca

Human Resources

Approval for GL debit: _____

Approval for Decrease: _____

Notes for Approval:

Cc's to be sent to:
Secretary-Treasurer
Manager, Human Resources
Coordinator, Inclusive Education
CUPE Payroll
HR Services
Site / School Supervisor