



## REQUEST TO INCREASE TIME TO CUPE EMPLOYEE

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

School/Site: \_\_\_\_\_

Employee Name: \_\_\_\_\_

### For CUPE increase requests:

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

\_\_\_\_\_

2. Proposed increase:

a) Number of hours: \_\_\_\_\_

b) Is this increase **PERMANENT** \_\_\_\_\_ **TEMPORARY** \_\_\_\_\_

c) If temporary (less than 6 months), dates of increase: \_\_\_\_\_

d) Is this over 18% 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 increase (provide all, including breakdown by hour):**

\_\_\_\_\_

3. Start Date for increase: \_\_\_\_\_

4. End Date for increase (if temporary): \_\_\_\_\_

5. Schedule of increase (needed for SFE): (eg: M-F, 2-3pm) \_\_\_\_\_

6. Principal's signature for increase: \_\_\_\_\_

7. Employee's signature for increase indicating acknowledgement: \_\_\_\_\_

8. Director of Inclusive Education signature (If Education Assistant): \_\_\_\_\_

