



REQUEST TO ADD TIME TO CUPE EMPLOYEE

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

School/Site: _____

Employee Name: _____

For CUPE addition requests:

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

2. Proposed addition:

a) Number of hours: _____

b) Is this addition permanent _____ temporary? _____

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

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 addition (provide all, including breakdown by hour):**

3. Start Date for addition: _____

4. Schedule of addition (**needed for SFE**): (eg: M-F, 2-3pm)

5. Principal's signature for addition: _____

6. Employee's signature for addition indicating acknowledgement: _____

