



REQUEST TO PERMANENTLY INCREASE/DECREASE TIME TO CUPE EMPLOYEE

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

School/Site: _____

Employee Name: _____

For permanent CUPE addition/reduction requests:

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

2. Proposed addition/reduction:

a) Number of hours (+ or 1): _____

b) GL code(s) and name(s) of account for increase or decrease (provide all, including breakdown by hour): _____

c) 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 for the following year)

3. Start Date for increase/decrease: _____

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

5. Principal's signature for increase/decrease: _____

6. Employee's signature for increase/decrease indicating agreement: _____

