



## 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: \_\_\_\_\_

