



REQUEST TO TEMPORARILY INCREASE/DECREASE TIME TO CUPE EMPLOYEE

This form must be completed, signed and submitted for every requested *temporary* 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 temporary 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): _____

3. Start Date for increase/decrease: _____

4. End Date for increase/decrease: **June 30th (all temporary changes will end on this date if not specified):** _____

5. **New** Schedule of addition/reduction (needed for SFE): (eg: M-F, 8:25 a.m to 2:52 p.m)

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

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

NOTE: No reductions are permitted after November 30th (contractual) & no additions after April 15th for current school year, unless extenuating circumstances, as approved.

