



REQUEST FOR TERM/CONTINUING ADDITION TO KLTF EMPLOYEE

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

School/Site: _____

Employee Name: _____

For TEACHER addition requests:

1. Employee's **current** FTE (total) including GL breakdown (eg *Total 0.80 FTE – 102-11100*)

2. Proposed addition:

a) FTE added, including GL code(s) & account name(s):

b) Final FTE (original plus addition eg *1.0 FTE*):

c) Added FTE is: continuing or term

d) Is this addition over 0.30 FTE? Yes No
*(If YES to the above - **POSITION MUST BE REPOSTED**)*

e) Course(s)/subject(s) added: (needed for SDS/SFE entry):

3. Start Date for addition (eg. Sept. 5, 2017): _____
New Schedule (required for SFE eg M-F, 8:25 a.m. to 2:52 p.m.):

4. End Date for addition (if term, the latest end date is June 30th): _____

5. Principal's signature for addition: _____

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

NOTE: No additions after April 15th for current school year unless extenuating circumstances as approved.

Human Resources

Approval for GL debit: _____

Approval for Increase/decrease: _____

Notes for Approval:

cc's to be sent to: Secretary-Treasurer
 Manager, Human Resources
 Coordinator, Inclusive Education
 KLTF Payroll & Benefits Coordinator
 HR Services
 Site / School Supervisor