

## REQUEST TO DECREASE TIME FROM KLTF EMPLOYEE

This form must be completed, signed and submitted for every requested REDUCTION to a **<u>KLTF employee</u>**. REDUCTIONS will be completed only once approval has been provided by Human Resource Services.

Schoo	l/Site:
Emplo	yee Name:
For K	LTF REDUCTION requests:
1.	Employee's current FTE (total) including GL breakdown:
2.	Proposed REDUCTION: a) FTE:
	b) Will this reduction drop the employee below 0.50FTE Yes No
	(If YES to the above - The Employee will no longer qualify for benefits)
	c) GL code(s) and name(s) of account for REDUCTION (provide all, including breakdown by hour):
3.	Start Date for REDUCTION:
4.	End Date for REDUCTION:
5.	Schedule of REDUCTION (needed for SFE): (eg: M-F, 2-3pm)
6.	Principal's signature for REDUCTION:
7.	Employee's signature for REDUCTION indicating acknowledgement:

Human Resources			
Approval for GL coding:			
Approval for REDUCTION:			
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		