CUPE LINE SHARING AGREEMENT

EMPLOYEES' REQUEST

Payroll

I,		, a		
on	Employee #1 Name	Classification		
	Work Unit			
have re-	quested permission to temporarily r	reduce my hours of work from	hours biweekly to _	hours biweekly
tempora	period of months commencing the period that my hours are reduce arily filling a part-time position. I have, including iter	nave read the Memorandum of	Agreement and I have be	een briefed on the
,		increase his/her hours from	_hours biweekly to	_hours biweekly.
	Employee #2 Name			
Em	nployee #1 Signature	Employee ID	Date	
I.		have read the above and agree	e to the terms as detailed	I.
-,	Employee #2	_ mave rough me above and agree	o to the terms as detailed	
Em	aployee #2 Signature	Employee ID	Date	
APPR	ROVED DENIED			
Manage	er	_	Date	_
I recom	mend this request for approval.			
CUPE I	Representative	-	Date	_
Human	Resource Designate	-	Date	_
SUPER	ANNUATION PENSION:			
Share A	fers to employees who fall under the agreement may opt to have the amo have received if the employee were	unt of contributions calculated	by reference to the salar	
	ployee considering joining a Line Slutions as per:	hare Agreement should be awa	re of the pension options	available.
	(a) The full salary applicable to the(b) The actual salary received for Agreement.			of the Line Share
Implica	tions of above:			
	(a) The employee will have a full(b) The employee will have a part		centage of reduction.	
Option	regarding Superannuation benefit s	elected:(a) or (b)	Employee's Signature	
cc:	Personnel file CUPE Union Pension and Benefits Office, PEI	Public Service Commission		