

**IUOE LINE SHARING AGREEMENT**

I, \_\_\_\_\_, a \_\_\_\_\_  
**Employee #1 Name** **Classification**

on \_\_\_\_\_ at \_\_\_\_\_  
**Work Unit** **Work Site**

request permission to temporarily reduce my hours of work from \_\_\_\_\_ hours biweekly to \_\_\_\_\_ hours biweekly, for a period of \_\_\_\_\_ months, effective \_\_\_\_\_ and ending \_\_\_\_\_.

I have read Appendix D and have been briefed on the effect this will have on such things as: -- seniority, pension, vacation entitlement, sick leave and statutory holiday entitlement. Benefits will be earned in proportion to hours worked. I further understand that during this period, I will not be entitled to extra shifts unless requested by my Employer to work an extra shift(s) due to lack of availability of any other staff. *If I am a full-time employee, I understand that, for purposes of benefits, I will be considered a permanent full-time employee filling a temporary part-time position. The full-time employee shall not reduce below 0.50 FTE nor shall the part-time employee increase hours of work beyond 0.90 FTE.*

During the temporary period that I will work reduced hours, \_\_\_\_\_

**Employee #2 Name**

will increase his/her hours from \_\_\_\_\_ hours biweekly to \_\_\_\_\_ hours biweekly. In the event that either I or \_\_\_\_\_ (**Employee #2**) change positions or terminate employment, this Agreement shall be immediately cancelled and the remaining employee shall revert to his/her original hours of work. Notwithstanding the above, this Agreement may be terminated upon one month's notice by any of the parties as stated in the guidelines.

\_\_\_\_\_  
**Employee #1 Signature** **Employee ID** **Date**

I have read the above and agree to the terms as detailed. I understand that I will remain a permanent part-time employee and that I will **not** be permitted to increase my hours to such an extent that it results in a change to full-time status.

\_\_\_\_\_  
**Employee #2 Signature** **Employee ID** **Date**

**APPROVAL**

I recommend this request for approval.

\_\_\_\_\_  
**Manager** **Date**

I approve this request.

\_\_\_\_\_  
**HR Manager** **Date**

**PENSION OPTION** (only applicable to **full-time employees**)

I, \_\_\_\_\_, do \_\_\_\_\_ do not \_\_\_\_\_ elect to purchase eligible  
**Employee #1 Signature**  
deemed service for the purpose of pensionable service under the Civil Service Superannuation Act.

copy: IUOE  
Personnel File  
Human Resources  
Pension and Benefits Office, PEI Public Service Commission  
Payroll