

PEINU LINE SHARING AGREEMENT

I, _____, a _____
Employee #1 Name **Classification**
 on _____ at _____
Work Unit **Work Site**

have requested permission to temporarily reduce my hours of work from _____ hours biweekly to _____ hours biweekly for the period of _____ months, Commencing _____ and Ending _____.

I have read Appendix "E" and I have been briefed on the effect this will have on such things as seniority, pension, vacation leave, sick leave and statutory holiday entitlements. 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 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.*

I have _____ have not _____ previously been a participant in a line share agreement as the employee reducing her/his hours of work. Dates of previous participation _____.

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 _____ change positions or terminate employment, this Agreement shall be

Employee #2
 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/Department Head	Date

I approve this request.

_____	_____
HR Manager	Date

PENSION OPTION (only applicable to full-time employees)

I, _____, do _____ do not _____ elect to purchase eligible deemed

Employee #1 Signature
 service for the purpose of pensionable service under the Civil Service Superannuation Act.
I understand if I have elected to purchase deemed service, this purchase will end with the end date stated on this Line Sharing Agreement and continuation of purchase will require signature and approval of a new Line Sharing Agreement.

copy: PEINU
 Pension and Benefits Office, PEI Public Service Commission
 Manager/Department Head
 Scheduling Clerk/ Timekeeper
 Human Resources
 Payroll

