

UPSE LINE SHARING AGREEMENT

EMPLOYEES' REQUEST

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 _____.

During the period that my hours are reduced, I understand that I will be considered a permanent full-time employee temporarily filling a part-time position. **I have read Schedule D** and I have been briefed on the effect this **request** will **have**. During the temporary period that I will work reduced hours, _____

_____ **Employee #2 Name**
will increase his/her hours from _____ hours biweekly to _____ hours biweekly.

Employee #1 Signature **Employee ID** **Date**

I, _____ have read the above and agree to the terms as detailed. I
Employee #2 Name

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**

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

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

APPROVAL

I recommend this request for approval.

Manager **Date**

I approve this request.

HR Manager **Date**

copy: UPSE
Human Resources
Pension and Benefits Office, PEI Public Service Commission
Payroll
Department Manager/Timekeeper