

Out-of-Scope Reduced Hours of Work Arrangement Application Form

Last revised: February 2017
Last reviewed: February 2017
Next review: 2018

New Renewal Change to Existing

_____ (Must commence the first of the month and end the last day of the month)
Approval Period:

_____ Number of hours to be worked during the approval period: _____ Number of full-time hours in the approval period

_____ Percentage of hours to be worked _____ % (Rounded to 2 decimal points)
Number of hours not worked:

(# of hours to be worked)

(# of full-time working hours in the approval period)

Note: Hours worked must be greater than, or equal to, 50% of regular hours

Applicant Information

_____ Name of Applicant

_____ Work Telephone No.

_____ Ministry

_____ Branch/Division

_____ Location

_____ Position Number

_____ Employee #

_____ Classification Level

Options for Group Life Coverage

I choose: Full Coverage Pro Rata Coverage

I have read and I agree to the terms and conditions regarding Reduced Hours of Work Arrangements in accordance with the Public Service Commission Policy 709.

_____ Signature of Applicant

_____ Date Requested

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The arrangement has been agreed with the applicant's manager

Manager's Signature

Print Name and Title

Approved

Not Approved

Permanent Head's/ Designates Signature

Print Name and Title

Date Approved

Process for Approved Reduced Hours of Work Arrangements:

- Approved form is forwarded to the HR Service Centre for payroll implementation.
- Copy of approved form is forwarded to Employee and Timekeeper.