

STFX/NSGEU Increase/Decrease Hours of Work Request Form

SECTION 1 – REQUEST FOR INCREASE/DECREASE HOURS OF WORK – TO BE COMPLETED BY EMPLOYEE AND/OR MANAGER

Employee Name			
Job Title		Employee ID	
Manager or Supervisor Name			

Current Weekly Hours (choose one)	For PT only				
		32.5	35	37.5	40
Hours of work requested (choose one)	For PT only				
		32.5	35	37.5	40
Recommended Date of Commencement of new hours					

Rationale for Request

Provide details of rationale – For example, improved outcomes, or history of authorized or unauthorized overtime. (For authorized or unauthorized overtime, provide extra hours worked in the past 6 months on a biweekly basis.)		
Does any other Employee perform the same work or similar position in the department?	YES	NO
If YES, specify name of employee and describe the same work/similar position		
Manager or Supervisor only – Provide explanation of cost savings or additional funding source in support of request		

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Additional Comments

Employee Comments
Manager/Supervisor Comments

Employee Signature	Manager/Supervisor Signature
Date:	Date:

SECTION 2 – HUMAN RESOURCES AND UNION CONSIDERATION OF REQUEST – to be completed within 15 business days of date of receipt of Request by Human Resources unless Human Resources and Union agree to extend.

Date Received by Human Resources			
Request Approved by Director/Dean	YES	NO	
Request Approved by VP Finance	YES	NO	
If NO, provide reasons			
Signature		Date	

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Signature		Date	

Request Approved by Union	YES	NO
If NO, provide reasons		
Signature		Date

SECTION 3 – REQUEST FOR RECONSIDERATION

Date:	
Reason for Reconsideration and/or Additional Information	
Employee Signature	
Manager Signature	

SECTION 4 – REQUEST FOR RECONSIDERATION – REVIEWED BY HUMAN RESOURCES AND UNION

Date Received by Human Resources			
Request Approved by Director/Dean			
Request Approved by VP Finance	YES	NO	
If NO, provide reasons			
Signature		Date	
Signature		Date	

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Request Approved by Union	YES	NO
If NO, provide reasons		
Signature		Date