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

Last revised: October 2021 Last reviewed: October 2021 **Next review: October 2022** 

☐ 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	o be worked during th	 ne approval period:	Number of full-time hours in the approval period	
Number of hours n		Percentage of hours t	o be worked % (Rounded to 2 decimal points)	
(# of hours to be w	vorked)			
(# of full-time work	king hours in the appr	oval period)		
Note: Hours worke	ed must be greater th	an, or equal to, 50% o	of regular hours	
Applicant Informa	tion			
Name of Applicant		Work Telephone No.		
Ministry	Bı	ranch/Division	Location	
Position Number	Er	mployee #	Classification Level	
Options for Grou	p Life Coverage			
I choose:	Full Coverage	☐ Pro Rata (	Coverage	
	gree to the terms and Commission Policy 70		Reduced Hours of Work Arrangements in accordance with	
Signature of Applicant		Date	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.