**Reference Year: May 1 – April 30**

Temporary Alternative Work Arrangements (TAWA), which are intended to offer flexibility to meet departmental and employee needs, may be granted to Management and Staff in positions excluded from the M.U.N.A.C.A. PSAC bargaining unit.

1. These arrangements are temporary in nature. They can be renewed by April 30 each year. The reference period for Temporary Alternative Work Arrangements is of twelve (12) months' duration, May 1 to April 30.
2. On an annual basis, the Dean, Director or senior administrative head should review existing agreements, which may be subject to renewal, together with any new requests for Temporary Alternative Work Arrangements.
3. Once discussed and agreed at the faculty or departmental level, the HR Advisor/Direct Services Representative should forward the request no later than April 1to ensure timely review prior to May 1.
4. Any modification or extension to an agreement of a Temporary Alternative Work Arrangements must be reviewed by Human Resources (Total Compensation) and a new agreement completed and signed.
5. If Temporary Alternative Work Arrangements are a prelude to position abolition, the provisions of the Employment Security Policy must be respected. In the event of the assignment or appointment of the employee whose position has been abolished to another position, the schedule and hours of work of the new position are applicable.

Any Temporary Alternative Work Arrangement request, which do not fall within the framework of the attached letter of agreement, must be reviewed by Human Resources (Total Compensation) prior to signature.

Requests should be sent to: totalcomp.hr@mcgill.ca. If you have any questions, do not hesitate to contact Human Resources (Total Compensation) at: 398-2294.

|  |  |
| --- | --- |
| **Working Conditions/benefits** | **Impact** |
| 1 | Salary | Annual salary is pro-rated. |
| 2 | Overtime | Overtime credit, where applicable, shall only be accumulated for hours worked in excess of 40 hours per week. |
| 3 | Salary Increase | Normal salary increases apply subject to the appropriate prorating of salary. |
| 4 | Health & Dental Plans | No change |
| 5 | Pension | Based on reduced salary. |
| 6 | Life Insurance | Based on reduced salary. |
| 7 | Short Term Disability | Based on reduced salary. |
| 8 | Long Term Disability | Based on reduced salary. |
| 9 | Incidental Illness | Pro-rated |
| 10 | CSST | Based on reduced salary. |
| 11 | Maternity Leave | Based on reduced salary. |
| 12 | Vacation | Pro-rated |
| 13 | Summer Friday’s | Pro-rated |
| 14 | Personal Days | Pro-rated |
| 15 | Floating Days (if applicable) | Pro-rated |
| 16 | Statutory Holidays | Employee is compensated on a prorated basis (% of full time schedule). |
| 17 | Transfer/Promotional Opportunities | No change |
| 18 | Hours of Work | If the employee transfers to another position, once appointed, the schedule and hours of work of the new position are applicable. |
| 19 | Service Credit | Pro-rated |
| 20 | Placement Transition | If during the period of the agreement, the employee's position is abolished, the work schedule will remain in effect until such time he/she is assigned or appointed to another position. |

This letter is to confirm the University's agreement to your request for a Temporary Alternative Work Arrangement. **This agreement is subject to annual renewal on May 1 each year.**

**Employee Name**:       / **ID:**     **-**     **-**

**Faculty**:

**Position Title:**      , **Position Number:**      , **Role Profile:**      **, Grade:**

1. Effective May 1 **OR**       (indicate alternative date if applicable), your hours of work in your current position will be [ ] reduced [ ] increased from       (hours) to       (hours) per week in accordance with the following work schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **DAILY HOURS WORKED** | **LUNCH BREAK** | **DAY** | **DAILY HOURS WORKED** | **LUNCH BREAK** |
| [ ] Monday |      |      | [ ] Thursday |      |      |
| [ ] Tuesday |      |      | [ ] Friday |      |      |
| [ ] Wednesday |      |      | [ ] Saturday |      |      |

1. Your annual salary will be pro-rated accordingly from $ to $.
2. Overtime credit, where applicable, shall only be accumulated for hours worked in excess of 40 hours per week, subject to approval.
3. All paid time off will be pro-rated, which includes the following: Incidental illness, personal days, vacation, floating holidays (if applicable) and 9 Summer Fridays plus one (1) day that is scheduled during the Christmas holidays.
4. Benefits, which are a function of salary, will be based on your reduced salary. These include: Life insurance, LTD, STD, CSST, pension and maternity leave.
5. Statutory Holidays: You are entitled to the statutory holidays on a prorated basis (% of full time schedule).
6. If during the period of this agreement your position is abolished, your work schedule will remain in effect until such time you are assigned or appointed to another position.
7. If due to exceptional circumstances, either party wishes to modify the terms of this agreement, prior written notice of at least twenty (20) working days is required and must be reviewed by Human Resources (Total Compensation).

**Signature of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and agree with the above Temporary Alternative Work Arrangement.**

**Signature of HR Advisor/**

**Direct Services Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Compensation Advisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_