***This Temporary Work Arrangement is offered on trial basis as per the letter of agreement on Work-Life Balance of the Collective Agreement ending May 31, 2019.***

**Reference Year: May 1 – April 30**

Work-Life Balance Temporary Work Arrangements (WLTA), which are intended to offer flexibility to meet departmental and employee needs, may be granted to employees belonging to the SEU bargaining unit for the Trades group at the downtown campus.

1. These arrangements are temporary in nature and are intended to assist employees in meeting their immediate family obligations. They can be renewed by April 30 each year. The reference period for a Work-Life Balance Temporary Work Arrangement is of twelve (12) months' duration, May 1 to April 30.
2. The employee may request a reduction of up to a maximum of three hours and quarter (3.75), resulting in a work schedule of at least thirty-five (35) hours spread over five (5) days. Distribution of the working hours will be made after agreement with immediate supervisor of the employee.
3. Eligibility criteria:
	1. Full time regular employees who have completed their probationary or trial period;
	2. Reason for arrangement must be justified by a family obligation of an immediate family member (employee’s spouse, employee’s children, spouse’s children who are employee’s dependants, employee’s father or mother, employee’s grandchildren)
4. On an annual basis, the Director should review existing agreements, which may be subject to renewal, together with any new requests for Work-Life Balance Temporary Work Arrangements (WLTA).
5. Requests must be submitted by the employee to the Director and the HR Advisor, with copy to the Union, no later than 20 working days before being applied. If approved, the request will be sent for processing.
6. Any modification or extension to a Work-Life Balance Temporary Work Arrangement (WLTA) must be reviewed by the Director and a new agreement completed and signed.

The Work-Life Balance Temporary Work Arrangements (WLTA) must be in compliance with the Letter of Agreement on Work-Life Balance included in the collective agreement in effect until May 31, 2019.

A copy of the request should be sent to Sarah Coté Pilon at s.pilon@ues800.org. A copy **does not need** to be submitted to Central HR.

|  |  |
| --- | --- |
| **Working Conditions/benefits** | **Impact** |
| 1 | Salary | Annual salary is pro-rated |
| 2 | Overtime | Overtime is paid after a day of seven hours and three quarters (7.75) or a week of thirty-eight hours and three quarters (38.75) |
| 3 | Salary Increase | Normal salary increases apply. |
| 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 | CSST | Based on reduced salary. |
| 10 | Maternity Leave | Based on reduced salary. |
| 11 | Sick days | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 12 | Social leaves | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 13 | Floating Holidays (if applicable) | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 14 | Summer Fridays | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 15 | Vacation | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 16 | Personal Days | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 17 | Statutory Holidays | Pro-rated (Each absence is counted in hours and prorated to the new schedule) |
| 18 | Service Credit | No impact if the employee works at least thirty-five (35) hours and more per week.  |

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

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

**Faculty:**

**Position Number:**

1. Effective May 1 **OR**       (indicate alternative date if applicable), your hours of work in your current position will be [ ] reduced 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. Overtime credit, where applicable, shall only be paid after a day of seven hours and three quarters (7.75) or a week of thirty-eight hours and three quarters (38.75), subject to approval.
2. All paid time off will be pro-rated, which includes the following: Sick days, Vacation, Personal Days, Social Leaves, Floating Holidays (if applicable) and Summer Fridays.
3. 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.
4. Statutory Holidays: You are entitled to the statutory holidays on a prorated basis (% of full time schedule).
5. If due to exceptional circumstances, either party wishes to modify or terminate the terms of this agreement, **prior written notice of at least twenty (20) working days** is required and must be reviewed by the Director.

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

**I understand and agree with the above Work-Life Balance Temporary Arrangement**

**Signature of HR Advisor/**

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

**Signature of Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_