

# REQUEST TO BE ON CUPE REPLACEMENT WORK OR EXTRA HOURS LIST

## \*\*FOR USE BY CUPE EMPLOYEES WITH *REGULAR* SENIORITY

Please read the attached CUPE Replacement/Extra Hours Protocol prior to completing this form. All employees must be approved by **Human Resources as a condition** to be on the List. Contact Human Resources if you want to later change any information below. **Permission MUST be approved from your current supervisor if you will need to leave your posted position to perform replacement work.**

Name _____	EMPLOYEE NUMBER: _____	
Phone Number (HOME) _____	(WORK) _____	(OTHER) _____
Current Posting(s), Location(s) & Work Times		
(1) _____	LOCATION _____	Hours/Day _____
(2) _____	LOCATION _____	Hours/Day _____
(3) _____	LOCATION _____	Hours/Day _____

**Please check off your preferences in the following areas:**

**1. I am available for:**

- ( \*Replacement work during the year  ( Weekdays  ( Evenings  ( Weekends
- ( \*\*Extra hours during the year; and  ( X-mas Break  ( Spring Break  ( Summer Break
- ( Weekends

**2. I can work the following times: \_\_\_\_\_ (eg Mon 6-3: Wed 11-3)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**3. I am willing to work EXTRA OR REPLACEMENT in the following and have attached a current resume for positions I am not currently employed in:  
 (please use a separate line for each classification)**

	Extra	Repl.
Job Classification _____ Site(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
Job Classification _____ Site(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
Job Classification _____ Site(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
Job Classification _____ Site(s) _____	<input type="checkbox"/>	<input type="checkbox"/>

**(If more space is required, please complete a second form.)**

**\*Other job Classifications:** If you wish to work in other job classifications that your normal assignment(s) please review the qualifications prior to submitting your name for consideration. Job descriptions include the qualifications and are available at the School Board Office at 567-2284 or 1-800-903-4771, or on the SD 91 Website <http://www.sd91/jobs/cupedescriptions/>. You will need to submit an updated resume and certificates for classifications that require courses or other qualifications. You may be required to attend a skills assessment interview and/or to complete skill-oriented testing for working outside your normal assignment(s).

THANK YOU FOR SUBMITTING YOUR NAME AS A CANDIDATE FOR THE CUPE REPLACEMENT AND EXTRA HOURS LIST. HUMAN RESOURCES WILL NOTIFY YOU WHEN YOU ARE APPROVED FOR THE LIST.

**I have read the protocol and meet the criteria provided and have discussed this application with my supervisor prior to submitting this application.**

(Signature) \_\_\_\_\_

(Date submitted) \_\_\_\_\_

**To Be Completed by On-Site Supervisor:**

**I recommend this employee for replacement work as defined in the call-in protocol, for the classifications and locations re**

**Yes**       **No\***

**\*If not recommended, please provide reason(s): (please print)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**To Be Completed by Human Resources:**

Job Classification(s) _____	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
Job Classification(s) _____	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
Job Classification(s) _____	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
Job Classification(s) _____	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**This employee has been notified in writing of approval.**      Date \_\_\_\_\_