

Employee #

Work Location

Employee Name

For a Status Change
Going From
Going To

For a Location Change
Going From
Going To

For a Position Change
Going From
Going To

Secondary Location

Number of Permanently Scheduled Hours per Week
Primary Location Secondary Location

Special Requirements of New Position (e.g., Class 4 DL, Sign Language, Vehicle)
_____ **Date Required By:**

Reason for Change: _____

Effective Date Change **Last Day of Work**

(For Resignation - complete page two)

Important Employee Information—Please read before signing this form.

- Your first 6 months will be deemed a trial period in this new position.
- Employees should not be promoted to PPT or PFT if any documentation is outstanding. Coordinator has confirmed with E.S. that documents are up-to-date. **Coordinator's Initials** _____.
- PFT status—30 hours or more per week of **permanently** scheduled shifts.
- PPT status—29 hours or less per week of **permanently** scheduled shifts.
- Relief—on-call—**no permanently** scheduled hours.
- PFT—benefits upon 6 months service and 3 month waiting period beginning on effective date; contact payroll **before** initiating any treatments. Forms and benefits information will be sent to employee from Employee Services to fill out and return immediately.
- PFT to PPT or Relief—benefits or eligibility for 15 cent premium in lieu of benefits are cancelled effective date of change. Thirty-one (31) days in which to convert life insurance.
- Relief—4% vacation pay is paid out on each paycheque and is **not** accumulated in vacation bank.
- Resign to relief is not automatic and will be reviewed by Director of Community Inclusion once employee's resignation (see attachment) is received in the office.**

I have read all the information on this page and I understand and am in agreement with any changes to my employment with the Community Living Society resulting from this change. I understand that this is an amendment and constitutes part of my original employment agreement with the Community Living Society.

Employee Signature _____ **Date** _____

Coordinator Signature _____

Director of Community Inclusion Signature _____

Date: _____

From: _____

Address: _____

To: Community Living Society
#300 - 5945 Kathleen Avenue
Burnaby, B.C. V5H 4J7

To Whom It May Concern:

I, _____, hereby resign from my

(please print name)

_____ position(s) at _____

(position title) (work location)

with the Community Living Society, effective _____.

(date)

Sincerely,

(signature)

I would like to be considered for Relief.