

**PEINU PRE-RETIREMENT WORK HOURS REDUCTION
APPLICATION/A AGREEMENT**

I, _____, _____ a full-time Registered Nurse
Employee's Name Employee ID

on _____ at _____
Work Unit Work Site

am requesting permission for a reduction of my work hours (as per Appendix 0J0) on an interim basis pending my retirement. I currently work full-time and have five (5) or more years of service and have had full-time status for three (3) or more years. I am presently eligible to retire (age 55 or over). My work reduction request is to reduce my working hours from 75 hours biweekly to _____ hours biweekly with an expectation to commence reduced hours on _____. My retirement date will be: _____. I understand that I must retire no later than this retirement date unless otherwise agreed upon.

I have read Appendix 0J0 and I have been briefed on the effect this will have on such things as seniority, pension, life insurance coverage, vacation leave, sick leave and statutory holiday accruals. Benefits will be earned in proportion to hours worked. *I understand that, for purposes of benefits, I will be considered a permanent part-time employee. For purposes of Pension, I shall maintain eligibility in the Pension Plan and earn pensionable service on a full service basis subject to applicable Income Tax Act rules and Civil Service Superannuation Act. Contributions to the pension plan will be on the same basis as if I was employed full-time. My reduction in work hours meets the criteria of being a reduction of at least ten (10%) percent (.1 FTE) and not greater than fifty (50%) (.5 FTE).*

I understand that the portion of my work hours being reduced will be filled as agreed to by the Employer and the Union.

Employee Signature Unit Manager/Department Head Signature

Dated: _____ **Date Received** _____

PROPOSED BACK-FILL DESIGN/ARRANGEMENT

Details (Please note potential impacts/concerns and attach additional sheet if required):

I support this employee's request to reduce work hours and back-fill design/arrangement be approved.

Unit Manager/Department Head Human Resource Officer
 Dated: _____ Dated: _____

Please submit to DoH HR Manager for:

JOINT COMMITTEE APPROVAL

On behalf of the Employer On behalf of the Union
 Dated: _____ Dated: _____

On behalf of the Employer On behalf of the Union
 Dated: _____ Dated: _____

c: Prince Edward Island Nurses' Union Pension and Benefits Office
 Unit Manager/Department Head Scheduling Clerk (if applicable)
 Human Resources (Personnel File)