# Temporary Alternative Work Arrangemer(tTAWA) Request Procedure & Form for MPEX, MUNACA, SEU employees

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Procedure	2	This form is not required to request a TAWA. It may
	_	be used as a guide for information purposes.
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Form	4	with or without the form.

#### 1. SUMMARY& ELIGIBILITY

TAWAs are intended to offer flexibility to meet departmental and employee needs.

The request must include a justification.

Once in progress, any modification to the TAWA agreement requires approval by the HR Advisor and direct supervisor. For example, a request to terminate the TAWA before the approved end date may be possible with approval. If not, it will end on the agreed in the date.

#### 2. PROCEDURE

#### Employee:

- 1. Review the policy or refer to your collective agreement
- 2. Review the Impact on Working Conditions table (page 3).
- 3. Discuss the idea with your direct supervisor before completing the form.
- 4. Communicate with your HR Advisor additional information or questions.
- 5. Email the completed form to your HR Advisor and direct supervisor.
- 6. Your direct supervisor will advise you whether your TAWA request has been approved or refused.

#### Supervisor:

- 1. Review thepolicy.
- 2. Determine if the request is appropriate and discuss it with your direct supervisor.
- 3. Consult with your HR Advisor to understand any policies and practices related to the review and approval process.
- 4. Communicate your decision to your employee and the HR Advisor.
- 5. If approved, process a Change illoWorkday. Refer to the

## 3. IMPACTS ON WORKING CONDITIONS AND BENEFITS

WC	ORKING CONDITIONS/BENEFITS	IMPACT
1	Salary	Annual salary is proated.
2	Overtime	Overtime credit, where applicable, shall only be accumulated for hours worked in excess of the normal working hours for the

# 4.FORM

## TEMPORARY ALTERNATIVE WORK ARRANGEMENT (TAWA) REQUEST FORM

Name:	
McGill I.D.:	
Department/ Faculty:	
Job Profile:	
Position/ Title:	
Justification for Request:	
(Reasons for the TAWA)	
Requested Start Date:	
Requested End Date:	

Name & Signature of the HR Advisor (if approved):			
Date:			
Email this form to your direct supervisor and HR Advisor.			