

Temporary Alternative Work Arrangement (TAWA) Request Procedure & Form for MPEX, MUNACA, SEU employees

CONTENTS

Summary & Eligibility	1	Note:
Procedure	2	This form is not required to request a TAWA. It may be used as a guide for information purposes.
Impacts on working conditions and benefits	3	It is sufficient to request a TAWA through an email, with or without the form.
Form	4	

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 original end date.



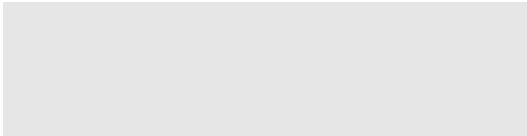
2. PROCEDURE

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 for 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 the policy.
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.



3. IMPACTS ON WORKING CONDITIONS AND BENEFITS

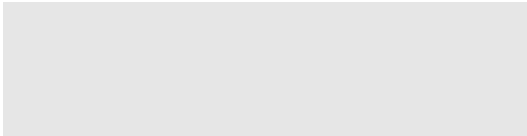
WORKING CONDITIONS/BENEFITS		IMPACT
1	Salary	Annual salary is protected.
2	Overtime	Overtime credit, where applicable, shall only be accumulated for hours worked in excess of the normal working hours for the



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.	