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| *Employee Information*  |

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| **Employee Name:** |  | **Employee ID:**  |  |
|  |  |  |  |
| **Employee Position:** |  |  **Rate of Pay:** |  |
|  |  |  |  |
| **Location:** |  | **Supervisor Name:** |  |

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ForDD

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| *Position Being Covered (1IC, SFO, 2IC) (Must be previously authorized)*  |

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| **Position Being Covered:** |  |
|  |  |
| **Location:** |  |

 (Use another form for different location)

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| **Authorized/Approved by:** |  |

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| *Days and Hours of Substitution* |

 *Date Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm (inclusive)

 A Total of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working Days or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm (inclusive)

 A Total of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working Days or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours

***Total Days: \_\_\_\_\_\_\_\_\_\_\_\_ Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Employee’s Signature Supervisor’s Signature***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date Date***

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| **Instructions:**1. The form must be filled out correctly and approved by your supervisor to obtain payment.
2. Requests must be submitted within 30 days after the substitution.
3. Send the approved form to Facility Operations Assistant (Marg Ostlund: MROstlund@cbe.ab.ca)
4. Salary differential will be calculated as per CUPE Collective Agreement Article 10.02.1 and entered in the PeopleSoft by the Facility Operations Administration.
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| *To Be Used By The Facility Operations Administration* |

* ***Qualified to cover: (If employee is in the Facility Operator department)***

***Note****: Only those employees in the Facility Operators’ department will receive the ticketed salary differential. Those that are not in the department will only receive the* ***Non-Ticketed Absence Relief rate*** *unless the* ***cleaner*** *was previously in the facility operator seniority department.*

Rate of Pay for the Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay for the Position Being Covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***Not Qualified - to cover ticketed position:***

Rate of Pay for the Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay for Non-ticketed Absence Relief \_\_\_\_\_\_\_\_\_\_\_\_

***Salary Differential Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Differential Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_***