



# Temporary Alternative Work Arrangement (TAWA)

## Request Procedure & Form

for MPEX, MUNACA, SEU employees

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### 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.

A renewal to the TAWA agreement requires approval by the HR Advisor and direct supervisor.

Once discussed and agreed at the faculty or departmental level, the HR Advisor and the direct supervisor will process the request in Workday.

A copy of the signed TAWA agreement will be sent to the union, if applicable.



## 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. Communicate your decision to your employee and the HR Advisor.
5. If approved, process a *Change Job* in Workday. Refer to the [HR Mgmt-Staffing-Change job TAWA Job Aid](#) in the [McGill Academic & Administrative HR Knowledge Base](#) for guidance.

### HR Advisor:

1. Review the request as submitted by the employee or the direct supervisor.
2. Discuss the request with the employee's direct supervisor.
3. If approved, process a *Change job* in Workday. Refer to the [HR Mgmt-Staffing-Change job TAWA Job Aid](#) on the [McGill Academic & Administrative HR Knowledge Base](#) for guidance.
4. Send a copy to the union, if applicable.



### 3. IMPACTS ON WORKING CONDITIONS AND BENEFITS

WORKING CONDITIONS/BENEFITS		IMPACT
1	Salary	Annual salary is pro-rated.
2	Overtime	Overtime credit, where applicable, shall only be accumulated for hours worked in excess of the normal working hours for the position classification.
3	Salary Increase	Normal salary increases apply.
4	Health & Dental Plans	No change
5	Pension	Based on reduced salary
6	Life Insurance	Based on reduced salary
7	Short Term Disability	Based on reduced salary
8	Long Term Disability	Based on reduced salary
9	Incidental Illness	Pro-rated
10	CSST	Based on reduced salary
11	Maternity Leave	Based on reduced salary
12	Vacation	Pro-rated
13	Summer Fridays	Pro-rated
14	Personal Days	Pro-rated
15	Floating Days (if applicable)	Pro-rated
16	Statutory Holidays	Employee is compensated on a pro-rated basis (% of full-time schedule).
17	Transfer/Promotional Opportunities	No change. TAWA will end and a new request would need to be made.
18	Hours of Work	If the employee transfers to another position, once appointed, the schedule and hours of work of the new position are applicable.
19	Service Credit	Pro-rated
20	Placement Transition	If during the period of the agreement, the employee's position is abolished, the work schedule will remain in effect until such time he/she is assigned or appointed to another position.



**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:	
Requested # of Hours / Week:	
Indicate Schedule Below	*Please indicate the hours per day that you are requesting to work in the schedule below.
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Total:	
Signature of Employee:	
Name & Signature of Supervisor (if approved):	



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