**Request for Change of Availability Form**

| **👤 Employee Information:** |  |
| --- | --- |
| **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position:** Youth Care Worker |  |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **⏰ Current Availability:** |  |
| --- | --- |
| **Type (Full-Time / Part-Time):** |  |
| **Days & Hours:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **🔄 Requested Change:** |  |
| --- | --- |
| **Type (Full-Time / Part-Time):** |  |
| **New Days & Hours:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Effective Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reason (briefly):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**📝 Policy Guidelines:**

* Employees within their **90-day probationary period cannot change availability**.
* **One month's notice** is required for changes.
* Changing from full-time to part-time will result in **loss of eligibility for the Pacific Blue Cross benefits program**.
* Availability changes right before **peak periods (e.g., summer or Christmas holidays)** may not be approved.

**✅ Acknowledgments:**

I have read and understand the above guidelines:

* 📉 Full to part-time changes affect benefits.
* 📅 One month's notice is required.
* ✔️ Information is true and correct.

**Signature:** \_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_

**📩 How to Submit:**

1. **Fill:** Complete this form.
2. **Email:** Send to Team Leader, HR (lyndseyd@rysesupportiveservices.ca), Services Manager (LynnT@rysesupportiveservices.ca), and Payroll (LisaU@rysesupportiveservices.ca).
3. **Deadline:** By the 15th of the month before the change. 🗓️

Need help? Contact HR! 📧