

# WORKSHARING APPLICATION FORM



**SOUTH EAST TECHNOLOGICAL UNIVERSITY**

**Please note this is only applicable to PMSS Staff.**

Staff ID: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Title of Post: \_\_\_\_\_ Department: \_\_\_\_\_

## **DETAILS OF WORK SHARING SOUGHT:**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Please provide **specific work pattern** of requested work-sharing application:

- |                                    |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day |

## **DECLARATION OF CONSENT TO BE COMPLETED BY EMPLOYEE**

*I have read the regulations of the Department of Education and SETU., governing the granting of work sharing and agree to be bound by them.*

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGN OFF TO BE COMPLETED BY MANAGER**

*I have read the above application form for the employee and agree to the proposed arrangement*

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_