



STATUS MODIFICATION
(Section 1.01, par. 14^o)

EMPLOYER NUMBER: _____

EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

EMPLOYEE'S NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

S.I.N.: _____

I, undersigned _____, no longer want to perform regular work (***“assignment of a minimum of four (4) consecutive weeks comprising 3 or more shifts and a minimum of 21 working hours per week”***) or declare myself no longer available to perform weekly work, and I agree to the modification of my status from regular employee A-01 to part-time employee A-02, as of _____.

FOR THE EMPLOYEE: Please explain the reason(s) for your unavailability.

Signature of the employer's representative

Employee's signature

Name and title in capital letters

Name in capital letters

Date of signature

Date of signature