STANDARD EMPLOYMENT CONTRACT
GOVERNMENT OF PRINCE EDWARD ISLAND

THIS AGREEMENT made this _____ day of _____, _____.

BETWEEN:

GOVERNMENT OF PRINCE EDWARD ISLAND, as represented by the

_____

(hereinafter referred to as the "Employer")

AND:

_____, of _____

in the County of _____, Province of Prince Edward Island.

(hereinafter referred to as the "Employee")

THIS CONTRACT WITNESSETH that in consideration of the covenants and conditions herein contained, the parties hereto covenant and agree that the Employee shall be employed by the Employer upon the following basis:

1. The Employee shall assume all those responsibilities and diligently execute all those duties set out in Schedule "A".

2. The Employer shall pay the Employee as a/an_____

(Title and Step)

   on the basis of a _____ hour work week, at the salary rate before deductions, of $_____, per annum effective the date of employment. The above-stated salary will be adjusted to reflect any negotiated increases applicable to the employee's position, title and step which occur during the term of this employment contract.

3. The Employer may make deductions for the Employee from salary payable to the Employee in such amount or amounts and for such purposes as are more particularly set forth in Schedule "B" hereto.

4. The term of this employment shall commence on the _____ day of _____, 20__ and terminate on the _____ day of _____, 20__ unless terminated on an earlier date in accordance with paragraph 8 hereof.

5. All of the provisions of the *Civil Service Act* Regulations from time to time in force respecting employees employed by the Employer on a contract basis shall be read as provisions of this Contract.

6.   Notwithstanding the exclusion of benefits for contract employees as described in Part VI of the *Civil Service Act* Regulations, the Employee is entitled to the benefits listed below and which are subject to the terms and conditions or limitations on entitlement set out in the current Collective Agreement between the Employer and the Union of Public Sector Employees:

        a) Motor Vehicle Allowances
        b) Vacation
        c) Sick Leave
        d) Statutory Holidays
        e) Special Leave
        f) Injury on Duty Leave

7.   The parties agree that the Employee _____ participate in the pension plan
                                     (shall/shall not)
    known as the Public Sector Pension Plan.

8.   (a)   Either party may terminate this Contract without cause by delivering a notice in writing to the other party by personal service or by registered mail ____ month(s) in advance of the date on which termination of this Contract is to be effective.

    (b)   Notwithstanding any other provision of this Contract, the Employer may pay to the Employee an amount equal to ___ month(s) pay in lieu of notice. Provision of such payment by the Employer shall constitute provision of reasonable notice of termination to the Employee.

IN WITNESS WHEREOF the said parties hereto have hereunto set their hands and seals on the date first above written.

SIGNED AND DELIVERED	)	**GOVERNMENT OF PRINCE EDWARD**
in the presence of:	)	**ISLAND** as represented by the Minister of
	)	
	)	
_____	)	_____
WITNESS	)	
	)	
_____	)	_____
WITNESS	)	Employee

This is Schedule A to a Contract of Employment between the Employer and

_____ dated_____.

DUTIES AND RESPONSIBILITIES

The Employee agrees to execute diligently and to the best of their ability the duties and responsibilities listed hereunder:

Attachment 12.02-I

This is "Schedule B" to a Contract of Employment between the Employer and

_____ dated _____.

Mandatory Deductions	(a) Federal Income Tax; (b) Provincial Income Tax; (c) Canada Pension Plan Contributions; (d) Employment Insurance Contributions; (e) Any court-ordered deductions.

Group Insurance Application Information	Health: ☐ Single ☐ Family ☐ Declined Dental Basic Services Only: ☐ Single ☐ Family ☐ Declined Dental Basic & Major Restorative: ☐ Single ☐ Family ☐ Declined Travel: ☐ Single ☐ Family ☐ Declined

	Do you and/or dependents have coverage under another Health or Dental Plan? ☐ Yes ☐ No If yes, please provide: Effective Date (DD/MM/YYY) _____ Insurance Company and Policy No. _____
	Basic Dependent Life ($4,000 spouse/$3,500 per child) ☐ Yes ☐ Declined
	Optional Life Insurance: *(First $30,000 of coverage is available without medical evidence during eligibility period).* ☐ Employee Coverage ($30,000) Plus Additional Amount Requested ☐ Declined _____ ☐ Spousal Coverage ($30,000) Plus Additional Amount Requested ☐ Declined _____ ☐ Dependent Child $10,000 per dependent child
	Voluntary Accidental Death & Dismemberment Coverage: *(No individual may be covered more than once under the Voluntary AD&D Plan. If you are covered as an employee, you cannot be covered as a spouse or dependent child of another employee who is also covered under the Plan).* Employee Only ☐ Employee – Children ☐ Family ☐ Declined ☐ Amount Applied For: _____ **If requesting family coverage, please provide spouse's employer:**
	Optional Critical Illness: *(First $50,000 of coverage is available without medical evidence. Amounts above $50,000 will require an Evidence of Insurability form to be completed. Available in units of $10,000 to a maximum of $250,000)* Employee Coverage: Smoker ☐ Non Smoker ☐ Amount: Declined ☐ Spousal Coverage: Smoker ☐ Non Smoker ☐ Amount: Declined ☐

Dependent Information	Spouse/child name - **must** be completed if you have a spouse and/or dependent children If employee and spouse are not legally married, please provide commencement of date of co-habitation (DD/MM/YY): _____	Date of Birth (DD/MM/YYYY)	Gender M/F/O	Dependent Status S = Student D = Disabled
	Spouse:			
	Child:			
	Child:			
	Child:			
	Child:			

Pension	Will participate in the Public Sector Pension Plan? ☐ Yes ☐ No
Note: Should the employee choose not to participate in the pension plan for the period of this contract, the Employee will not be eligible in the future to purchase this contract period as pensionable service.	

Signatures	Employee:	Date (DD/MM/YYY)
	Employer:	Date (DD/MM/YYY)