

AMENDMENT TO THE GRADUAL RETIREMENT AGREEMENT

BETWEEN EMPLOYER	
Name of employer:	
Address (number, street):	
City:	Postal code:

Hereinafter: "The employer"

AND EMPLOYEE		
Last name:		First name:
DGPP identifier:	Employee number:	Email:
Address (number, street and apartment):		
City:		Postal code:

Hereinafter: "Employee"

WHEREAS a gradual retirement arrangement between the employee and employer was signed on _____.

WHEREAS this agreement is currently in effect.

WHEREAS the parties agree to change work schedule and / or the end of the agreement.

WHEREAS except for the following amendments, all terms and conditions of the original agreement remain in force.

IT IS AGREED AS FOLLOWS:
1. CHANGES TO WORKING HOURS

Please check the box that applies to your situation

- From Start date (Monday) the Employee's work schedule will be reduced by _____ hours per two week period. The new work schedule will be _____ hours per two week period.
- The current working hours continue to apply.

2. AMENDMENT TO END OF AGREEMENT DATE

Please check the box that applies to your situation.

- Agreement continues until _____ End date (Friday)
- The end date of the original agreement remains unchanged.

3. INFORMATION

The Employee declares that they have had sufficient time to read this document and obtain all they information they require.

The Employee further declares that they freely and voluntarily consent to this agreement.

4. TRANSACTION

The parties agree that this agreement constitutes a transaction under the *Civil Code of Québec* and that the agreement is made without any admission of liability by the parties and that cannot under any circumstances be used as a precedent.

5. CONFIDENTIALITY

The Employee agrees not to use or disclose, directly or indirectly, any confidential information entrusted or revealed to them by the Employer insofar as the use or disclosure of such information could be prejudicial to the Employer or to any other organization it is affiliated with. The Employee further agrees to return to the Employer any documents or materials that belong to the Employer or that might contain confidential information concerning the Employer.

The undersigned agree to the conditions herein.

Employee's signature <small>(Handwritten signature only)</small>	Date
Employer representative's signature <small>(Handwritten signature only)</small>	Date

A PDF copy of this agreement must be sent to EACH of the following entities:		
DGPP Member Services By secure messaging via the Contact us section on the DGPP website: rcd-dgp.com	AND	Desjardins Group Support Centre Add file to Workday: Personal information/Worker documents/Add

ADDITIONAL INFORMATION
DGPP Member Services Monday to Friday, from 8:30 a.m. to 4:30 p.m. By phone Call us at 1-866-434-3166 or 514-285-3166 By secure messaging Write to us via the secure Contact us section of the DGPP website at rcd-dgp.com