



Application for Voluntary Reduction in Work Schedule
State University Professional Services Negotiating Unit

Name: _____

Title: _____

Department: _____

Percent of professional obligation* reduction requested:	_____	_____ %
Number of pay periods of participation:	_____	_____ pay periods
VR credits to be earned during agreement period:	_____	_____ days
VR credits to be earned per:	_____	week _____ pay period _____
Agreement beginning first day of pay period # <input type="checkbox"/>	_____	date: _____
Agreement ending last day of pay period # <input type="checkbox"/>	_____	date: _____

Describe the professional obligation reduction:

Check type of Proposed Schedule of VR Leave use below. Specify schedule on Voluntary Reduction in Work Schedule (VRWS) Schedule for Use of VR Time form (attached).

- Shorter work day/Normal work week
- Shorter work week/Normal work day
- Block(s) of VR leave
- Intermittent VR leave
(specify pattern, if any) _____
- Combination of above

Employee Signature: _____ Date: _____

*According to SUNY Policies of the Board of Trustees, Article XI Appointment of Employees, Title H, Appointment year, §2, *Professional Obligation*. the professional obligation of an employee consistent with the employee's academic rank or professional title, shall include teaching, research, University service and other duties and responsibilities required of the employee during the term of the employee's professional obligation.

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I agree to the proposed temporary adjustment in professional obligation and understand that this employee will work a prorated share of his or her normal schedule over the duration of the agreement period.

- Approved
- Disapproved (attach written justification and send to Assistant Vice President for Human Resources)

Supervisor
Signature: _____ Date: _____

- Approved
- Disapproved (attach written justification and send to Assistant Vice President for Human Resources)

Provost/Vice President
Signature: _____ Date: _____

- Approved with Effective Date: _____
- Disapproved

Human Resources
Signature: _____ Date: _____