



Application for Voluntary Reduction in Work Schedule (VRWS)

Name: _____

Department: _____

Title: _____

Negotiating Unit (circle one): CSEA MC PEF UUP

The VRWS operates in accordance with the program guidelines described in the Voluntary Reduction in Work Schedule Program for State University Professional Services Negotiating Unit. You will need to submit a new request should you wish to extend the agreement in the next fiscal year.

Percent Reduction in Work Schedule requested: 5% ☐ 10% ☐ 15% ☐ 20% ☐ 25% ☐ 30% ☐

I wish to bank time _____ I wish to reduce my workday or work schedule _____

Number of Pay Periods of participation (1-26): _____

VR Time to be earned during agreement period: _____ days (only those not reducing workday/week)

Beginning first day of pay period # _____, (date) _____ [see payroll calendar](#)

Ending last day of pay period # _____, (date) _____ [see payroll calendar](#)

Normal work schedule: S M T W TH F S _____ hours/week; _____ hours/pay period

Reduced work schedule: S M T W TH F S _____ hours/week; _____ hours/pay period

Check type of proposed schedule of VR time use below, if reducing.

☐ Shorter workday/ normal workweek

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☐ Block(s) of time off

☐ Intermittent time off indicate pattern if any below

☐ Combination of above

I request that my schedule and salary be reduced as outlined above.

Employees Signature: _____

Date: _____

Supervisor's Recommendation: ☐ Approval ☐ Disapproval

Supervisor Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Human Resources Review:

Signature: _____

Date: _____

Vice Presidential Decision: ☐ Approval ☐ Disapproval

Vice President's Signature _____

Date: _____