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 # __________ date:

Agreement ending last day of pay period # __________ 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.
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: _________________