



## Application for Voluntary Reduction in Work Schedule – Employees Paid Biweekly

Name:	
Department:	Emplid:
Effective Date of reduction:	The minimum number of hours required each week is 32.
Normal work schedule _____ hours/week; _____ hours/pay period.	Reduced average work schedule _____ hours/week; _____ hours/pay period.

Check type of proposed schedule below. Specify schedule for use of VR time on page 2 of application.

- Shorter workday/Normal workweek.
- Shorter workweek/Normal workday.
- Block(s) of time off.

I understand that my participation in the Voluntary Reduction in Work Schedule program is voluntary and that my salary will be proportionately reduced.

My contributions to the appropriate retirement system or alternative retirement plan will be made based on actual earnings. Such contributions will be reduced in proportion to time worked and actual reduced earnings. Service credit and/or average salary for the fiscal year may be affected.

Sick leave and vacation accruals will accrue at the rate for full-time employees in the same employee category as the employee seeking a voluntary reduction in work schedule.

I shall remain eligible for the group insurance benefits in place prior to participation in the VRWS. Annual payroll deductions for benefit-related costs will remain the same based on contract salary/basic earnings as of the September 1. Thereafter, my benefit-related costs will be based on my pro-rated salary as of September 1 each year. If I am off payroll for an entire pay period or more, I will be responsible to pay my portion of insurance premiums, I may lose coverage for unpaid premiums.

Individuals on a partially reduced work schedule must be normally scheduled to work the day the holiday occurs, and be in active pay status both the day before and day after in order to be paid for the day.

Employee Signature:	Date:
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Approved     Denied (Attach Written Justification)

Supervisor Signature:	Date:
VP/Dean Signature:	Date:
HR Signature:	Date:



## Joint Planning Tool for Voluntary Reduced Work Schedule

Name:	Emplid:
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Begin Payroll Period _____		M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
No.:	Dates Covered:														
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26															

**Instructions:**

Complete pay periods one year from start date of VRWS. Schedule must be completed annually. Indicate number of hours to be worked in each day during the pay period.