

**Application for Voluntary Reduction in Work Schedule –
Employees Paid Monthly**

NAME:	POSITION:
DEPARTMENT:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
Effective Date of Reduction:	
Normal work schedule _____ hours per day; _____ hours per week.	Reduced average work schedule _____ hours per day; _____ hours per week.

Check type of proposed schedule below.

Shorter workday/Normal workweek.

Shorter workweek/Normal workday.

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. Average salary for the fiscal year may be affected.

Sick leave/vacation will be based on 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 prior to the election of a VRWS for the remainder of _____. Thereafter, my benefit related costs will be based on my pro-rated salary as of September 5th of 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 in active pay status both the day before and day after a holiday, in order to be paid for the day.

Employee Signature: _____ Date: _____

Approved Denied (Attach Written Justification)

Director/Principal Signature: _____ Date: _____

HR Signature: _____ Date: _____