UUP Application for Voluntary Reduction In Work Schedule

SUNY College at Plattsburgh – 28240

|  |  |  |
| --- | --- | --- |
| Name: | Title: | |
| Department: | Salary: | Line #: |
| Percent of professional obligation\* reduction  requested: \_     \_% | Number of pay periods of participation:  \_     \_pay periods | |
| Agreement Beginning:  pay period no.\_      date \_\_ | Agreement Ending:  pay period no. \_      date\_     \_ | |
| Describe the professional obligation reduction. | | |

\*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.

***Specify schedule on Voluntary Reduction in Work Schedule (VRWS) for Use of VR Time form (attached)***

Check type of Proposed Schedule of VR Leave use below:

Shorter workday/Normal workweek  Block(s) of VR leave

Shorter workweek/Normal workday  Intermittent VR leave

Combination of above  (Specify pattern, if any)\_

Employee Signature Date

***Consult with Payroll prior to submission.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SUPERVISOR SECTION | | | | | |
| I agree to the proposed temporary adjustment in work schedule and understand that this employee will work a prorated share of his or her normal schedule over the duration of the agreement period. Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | |
| Supervisor | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 🞎 Approved  🞎 Disapproved\* |
|  | | (Signature/Date) | | |
| Dean/Director/VP | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 🞎 Approved  🞎 Disapproved\* |
|  | | (Signature/Date) | | |
| \*If disapproved, attach written justification and transmit to Human Resource Services. | | | | | |
|  |  | |  |  |  |
| Payroll | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
|  | | (Signature/Date) | | |  |

Copy: Employee Transaction (HRS): \_\_\_\_\_\_\_\_\_

Supervisor initial/date