**APPLICATION FOR VOLUNTARY REDUCTION IN WORK SCHEDULE (VRWS)**

28240 SUNY Plattsburgh

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| Name:  |       |
| Title:  |       |
| Department:  |       |
| Negotiating Unit: [ ]  **CSEA -** [ ] ASU [ ] ISU [ ] OSU [ ]  **PS&T** [ ]  **M/C** |
| Date of Employment:        |
| Percent Reduction in Work Schedule Requested:      % |
| Number of pay periods of participation:      pay periods |
| VR Time to be earned during agreement period:      days  |
| Beginning first day of pay period:       (date) |
| Ending last day of pay period:       (date) |
| Normal work schedule:      # hours/week      # hours/pay period  |
| Reduced average work schedule:      # hours/week      # hours/pay period |
| VR Time earned:      # hours/week      # hours/pay period  |

Check type of Proposed Schedule of VR Time use below and attach a Voluntary Reduction in Work Schedule to specify the use of the VR Time.

1. [ ]  Shorter workday/Normal workweek.
2. [ ]  Shorter workweek/Normal workday.
3. [ ]  Coordination with Alternate Work Schedule (flex) arrangements; Longer workday/Shorter workweek
4. [ ]  Block(s) of time off.
5. [ ]  Intermittent time off (specify pattern, if any)      \_\_\_\_\_\_\_\_\_\_\_\_
6. [ ]  Combination of above.

Employee Signature Date

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

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| 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 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