**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