

VOLUNTARY WORKTIME REDUCTION PROGRAMS
(All work reduction must coincide with the beginning of a payroll period)

Name _____ Position: _____ Department: _____

Please consider this my request to participate in the voluntary work-time reduction program.

A. Work Year Reduction: (Work **Ten** Months or **Eleven** Months Salary Plan)

_____ **Ten** months (2 months off w/o salary but w/benefits)

_____ **Eleven** months (1 month off w/o salary but w/benefits)

B. Work Week Reductions:

Describe the number of hours for reduction proposed per week and the proposed work schedule:

C. Other reduced work-time schedules (e.g., leave of absence) _____

Proposed Dates: _____ through _____

This request to reduce my worktime is Permanent _____ Temporary _____

If temporary, the effective dates that I am requesting to reduce my worktime are:

From _____ To _____

Signature

Date

* * * * **HUMAN RESOURCES APPROVAL** * * * *

Appointment Cleared w/MPP: _____ Appointment Not Cleared w/MPP: _____

Comments: _____

Date

AVP, Human Resources

Change Employee Status: _____

Date

* * * * * *SUBMIT THIS FORM TO HUMAN RESOURCES – WA 615* * * * * *