

BALDWIN-WALLACE COLLEGE

Voluntary Schedule Reduction/Non-Medical Leave of Absence Request Form

Last Name

First Name

Position Title

Department

Monthly _____ Biweekly _____ Date of Hire _____

According to the B-W College Voluntary Schedule Reduction Policy, I am voluntarily submitting my request for:

- Temporary Reduction in Work Schedule _____
- Non-Medical Leave of Absence Without Pay _____

By signing below, the employee acknowledges that s/he has read and understands the Baldwin-Wallace College for Voluntary Schedule Reduction Policy. The employee specifically acknowledges the following:

- The employee is voluntarily requesting a reduced work schedule or leave of absence without pay and that no coercion or intimidation was exerted upon the employee.
- The employee's gross pay will be reduced proportionately for the amount of reduced schedule.
- Applicable policies and procedures regarding leave, benefits and retirement plans will be applied according to the reduced schedule.

Employee Signature

Date

The employee must complete appropriate sections on the reverse of this form before forwarding the request to their immediate supervisor for approval.

Immediate Supervisor Signature

Date

*Approve _____ *Disapprove _____

Division/Department Chair/Head Signature

Date

Approve _____ Disapprove _____

Vice President Signature

Date

Approve _____ Disapprove _____

*** Must be approved or disapproved by immediate Supervisor within 10 working days. Use reverse of form or separate sheet to explain reason(s) for denying request.**

Voluntary Schedule Reduction/Non-Medical Leave of Absence Request Form

1. Employee: Please explain how the primary and secondary functions of your job will be handled if the reduction in schedule or Non-Medical Leave of Absence is granted.

Supervisor: If the employee’s request is not approved, please use this section to explain the reasons for not approving the reduced schedule or leave of absence.

2. Proposed Fiscal Year Reduced Work Schedule

Starting Date for Reduced Schedule (must be 1st of the month for exempt staff or beginning of pay period for biweekly staff): _____

Ending Date for Reduced Schedule (must be last day of a month for exempt staff or last day in a pay period for biweekly staff): _____

Reduced work schedule: (check one)

- 37.5 hour employees – no less than five 6-hour days per week
- 40 hour employees - four days at no less than 6.5 hours and one day at no less than 6 hours
- 37.5 hour employees - four 7.5-hour days per week
- 40 hour employees - four 8-hour days per week

3. Proposed Academic Year Reduced Schedule

- Work full-time from August 1 – May 31 (off in June and July)
- Work full-time from August 1 – June 30 (off in July)
- Full-time from July 1 – May 31 (off in June)

4. Proposed Unpaid Non-Medical Leave of Absence Schedule

Starting Date for Leave of Absence _____
Ending Date for Leave of Absence _____