

V-time Schedule Form

I Personal Information		
Employee Name (first, middle, initial, last)		Campus Extension
Social Security Number:	Employee Id:	
Supervisor's Name	Department:	

II. Eligibility Questions (You must answer yes" to the following questions to be eligible.)	Yes	No
Are you a full-time staff employee?	0	0
Have you completed two (2) years of continuous full-time service? ¹		0
Have you read and understood the V-time policy		0
Has 24 months elapsed since a previous V-time arrangement?		0

<i>'-time Arrangements</i>	
e Start Date ²	V-time End Date ²
	2
	Percentage of reduced work schedule ³
not including unpaid lunch hours)	
	V-time End Date ² Percentage of reduced work schedule ³

Continuous service is counted as service starting with an employee's most recent date of full-time employment. The duration of the V-time arrangement can not be less than six months or more than two years. Your start date must be at the beginning of a payroll pay period.

The duration of the V-time arrangement can not be less than six months or more than two years. Your start date must be at the beginning of a payroll pay period. Reduced scheduled hours and duties under one V-Time arrangement (reduction, may be between 10 to 50 percent). Percentages must be in whole numbers.

IV. Acknowledgement/Agreement Please read carefully, sign and date to indicate that you have read and comply with the terms of the policy.

By signing this form, I acknowledge that decisions regarding participation and continuation in the V-Time arrangement are at the discretion of my manager. Additionally, I am aware that I may not be able to immediately return to my former work schedule before the agreed-to end date. Also, I understand that returning to my regular full-time employment is not guaranteed even though the arrangement has a specific end date. If a return to normal full-time employment cannot be accommodated within two years of the beginning of the V-time arrangement, then I will be automatically transferred into part-time status and a reduction in pay and benefits may result. Finally, I am aware that during my V-time arrangement my pay will be reduced as well as my benefits that are calculated as a percent of pay.

Signature		

APPROVAL

 Supervisor
 Date

 VP/Dean
 Date

 VP of H/R
 Date

Date