VOLUNTARY WORKTIME REDUCTION PROGRAMS

(All work reduction must coincide with the beginning of a payroll period)

Nar	me Position: Department:	
Plea	ase consider this my request to participate in the voluntary work-time reduction program.	
۸. ٔ	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)	
3.	Work Week Reductions: Describe the number of hours for reduction proposed per week and the proposed work schedule:	
Z.	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:	
	FromTo	
	Signature Date	
	**** HUMAN RESOURCES APPROVAL ****	
	Appointment Cleared w/MPP: Appointment Not Cleared w/MPP:	
	Comments:	
	Change Employee Status:	
	* * *	Dat