

**VOLUNTARY WORK SCHEDULE ADJUSTMENT AGREEMENT
ONE YEAR PILOT PROGRAM**

Name _____ EID# _____ Classification _____
Division _____ Department _____ Work Phone _____

In accordance with the voluntary work schedule adjustment agreement, I request the following voluntary change in conditions of my employment. I understand that my Supervisors and I must agree in writing on my work schedule and receive final Human Resources approval.

Paperwork must be received three weeks prior to the start of the leave. A description of the details of each plan, including eligibility requirements, can be found on the reverse of this Agreement.

Please select one plan from the plans listed below:

___ Plan A: Single pay period reduction of hours (up to 80 hours or an equivalent of one full pay period per fiscal year). This option will stop at the end of the designated pay period.

Start Date _____

Total hours reduction for the pay period _____

___ Plan B: Multiple pay periods reduction of hours (limit 16 hours reduction per pay period)

Start Date _____ End Date _____

Total hours reduction per pay period _____

___ Plan C: Unpaid Leave of Absence (Minimum of one (1) month to a maximum duration of three (3) months, per fiscal year.)

Begin Date _____ Return Date _____

By signing this agreement for **Plan C**, I understand that during this leave of absence, I will prepay my share of the health care premium (PPO Option 2) prior to departure.

Employee's Signature _____ Date _____

___ Approved ___ Denied _____
Supervisor Name Signature Date

___ Approved ___ Denied _____
Director/Department Head Signature Date

Approved by Human Resources: _____ Date _____

Cancellation of Agreement: An agreement under this program can be terminated by the department or the employee upon ten (10) working days notice in writing. Such termination shall not be grievable.

The original must be forwarded to Human Resources. Copies will be forwarded to: Employee, Employee's Supervisor, Director/Department Head, Divisional Head, HR- Director of Employment, Benefits, Payroll, Academic HR.

ONE YEAR PILOT PROGRAM

Voluntary Work Schedule Adjustment Program (VWSAP)

This is a mutually agreed upon arrangement that allows an employee to voluntarily take unpaid time off for a portion of the pay period under Plans A and B or an unpaid Leave of Absence under Plan C. Time off under these plans will not be charged as annual leave. An agreement under this program can be terminated by the department or the employee upon ten (10) working days notice in writing. Such termination shall not be grievable. All related forms must be submitted three (3) weeks prior to the leave to Human Resources, 140 McKenny Hall.

Eligibility for Plan A and B Reduction of Hours

Full time staff employees, whether 12 or 8 months appointment, who have satisfactorily completed their probationary period are eligible to participate in Plan A and B with approvals of both the Supervisor and the Director/Department Head. If you choose to participate, you must complete a VWSAP form and submit to Human Resources, 140 McKenny Hall.

Under Plan A for one pay period in a fiscal year, an employee can reduce the number of scheduled work hours by up to 80 hours or the equivalent of one full pay period. Under plan B, an employee can reduce the number of scheduled work hours by 1 to 16 hours per pay period for multiple pay periods. Requests can be for any number of pay periods; however, a new form is required for any change in the number of hours requested per pay period.

While participating in Plan A or B Reduction of Hours

- You do not incur a break in service for employment purposes.
- You will continue to accrue annual and sick leave according to your employee class.
- You will receive your longevity pay, step increases, employment preference, and holiday pay.
- Based upon your plan, your retirement plan may be impacted; MPSERS service credit could be affected and TIAA-CREF is based on your earnings per pay period.
- Premiums, coverage and benefit levels for insurance programs in which the employee is enrolled will not be changed. (Health care cost sharing will continue, if applicable.)
- No increase in annual leave carry over limits.

Eligibility for Plan C Unpaid Leave of Absence

Full time and part-time staff employees with a 12 month appointment, who have satisfactorily completed their probationary periods, are eligible to participate in Plan C with approvals of both the Supervisor and the Director/Department Head. All related forms must be submitted three (3) weeks prior to the leave.

Plan C Unpaid Leave of Absence

Leaves must be for a minimum of one (1) month and may be extended at the request of the employee with approvals of both the Supervisor and the Director/Department Head, with the maximum duration of three (3) months per fiscal year. An employee's share of insurance premiums must be pre-paid prior to the start of the leave. Accumulated annual and sick leave balances will be frozen for the duration of the leave. Requests for a Plan C leave of absence must be submitted and approved three (3) weeks prior to the start of the leave. A PAF (Personnel Action Form) will be generated by Human Resources, 140 McKenny Hall.

Note: Hours taken under Plan A or Plan B are not a substitute for a Family Medical Leave Act (FMLA) leave.