

VOLUNTARY WORK SCHEDULE ADJUSTMENT PROGRAM AGREEMENT

Name _____ EID# _____ Classification _____

Division _____ Department _____ Work Phone _____

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

Paperwork must be received three (3) weeks prior to the start date of the requested schedule change. A description of each plan including eligibility requirements, can be found on the reverse of this Agreement.

Please select one option from the list 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 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. Terminations must be in writing and submitted at least ten (10) working days prior to termination date of this agreement. 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, and Academic HR.

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 Human Resources, the department, or the employee at any time (*see 'cancellation of agreement' on page 1*). Agreement terminations must be in writing and submitted at least ten (10) working days prior to agreement termination date. Such termination shall not be grievable.

Eligibility for Plan A and B – Reduction of Hours

Full time employees, whether 12 or 8 months appointment, who have satisfactorily completed their probationary period are eligible to participate in Plan A and/or B with approval of both the employee's Supervisor and 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 which will be prorated according to the numbers of hours you work.
- You will receive your longevity pay, step increases, employment preference, and holiday pay.
- Based upon your plan, your retirement could 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.)
- No increase in annual leave carry over limits.

Eligibility for Plan C – Unpaid Leave of Absence

Full time and part-time employees with a 12 month appointment, who have satisfactorily completed their probationary periods, are eligible to participate in Plan C with approval of both the employee's Supervisor and 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 approval of both the employee's Supervisor and Director/Department Head, with a 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 and there will be no additional accruals for the duration of the leave. Requests for a Plan C leave of absence must be approved three (3) weeks prior to the start date of the requested leave of absence. A PAF (Personnel Action Form) will be generated by the Human Resources Benefits Office in 140 McKenny Hall .

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

Frequently Asked Questions for VWSAP

- 1. Why does the University offer this program?**

This program offers employees an additional way to maintain work/life balance. The program is offered to all regular and part-time staff employees. This program should not be confused with Faculty Plan C.
- 2. Do I have to participate in the program?**

No, it is a voluntary, mutually agreed upon arrangement between an employee and their Supervisor(s).
- 3. As a Supervisor, will I be able to hire someone to fill in for my employee when he or she is off under the voluntary work schedule adjustment program (VWSAP)?**

There will be no back fills for any of the employees who select a VWSAP. This means no temporary employees, contract employees, student employees or employees working out of class will be allowed.
- 4. What will happen to my benefits if my hours are reduced under Plan A or Plan B?**

Your health care, dental, life insurance, short term and long term disability plans will continue as usual. Any employee cost sharing will continue. Based upon your plan, your retirement plan may be impacted: MPERS service credit could be affected and TIAA-CREF is based on your earnings per pay period.
- 5. What will happen to my payroll deductions under Plan A or Plan B?**

Payroll deductions will be impacted based upon which plan you select. It is up to the employee to review his/her situations. Keep in mind, deductions with a goal will be affected. For example, under Plan A, if you are enrolled in Flexible Spending Account (FSA) these deductions will be doubled the next pay period. Under Plan B, FSA deductions will continue to be deducted.
- 6. What will happen to my sick and annual time?**

You will continue to accrue sick and annual leave which will be prorated according to the number of hours worked.
- 7. Will I have a break in service?**

No, there will be no break in service for employment purposes.
- 8. What will happen to my benefits if I select an unpaid leave of absence under the Plan C program?**

Your dental and life insurance will remain in place. You must pre-pay your health care premiums prior to the start of your leave. These arrangements must be made in advance through the Benefits Office. If you have a Flexible Spending Account (FSA), you must discuss your options with the Benefits Office in advance. Your short term and long term disability plans will be suspended while you are on leave. Retirement contributions will cease. If you are enrolled in MPERS, you will not receive service credit.
- 9. What will happen to my payroll deductions under Plan C?**

All of your deductions will stop since you will not be receiving a check.
- 10. What will happen to my health care waiver payment and/or cell phone allowance if I select Plan C?**

You will continue to receive a check with these payments.
- 11. Where can I find the VWSAP form to elect one of these plans?**

The VWSAP form can be found on the Human Resources website and in the Human Resources Benefits Office located in 140 McKenny Hall.
- 12. Is there a deadline to complete this form?**

The form must be completed and submitted to the Human Resources department at least three (3) weeks prior to the start date of the selected plan.

13. How long can I use this plan?

Requests will be renewed annually.

14. Will a Personnel Action Form (PAF) need to be completed as well?

Yes, for Plan C only, a PAF will be completed by a Human Resources Benefits Office staff member.

15. How do I record my time for payroll?

Plan A and Plan B: Staff will record their time on the web time entry (WTE) time sheet through the My.Emich online portal using the earning labeled “Voluntary Work Adjustment.”

Plan C: No entry required.

16. What if my appointment is reduced for Spring and/or Summer?

If an employee works full time for Fall and Winter, then has their appointment reduced during Spring and/or Summer, the employee is still considered full time and may be eligible to apply for Plan A, B or C.

17. What if I am on a less than annual appointment?

An employee, who has an 8 or 9 month appointment, is not eligible to apply for or continue on a Plan A, B, or C leave at the expiration of his/her appointment.