

Application for Voluntary Reduction in Work Schedule (VRWS)

Agency Code: 28390	Name:
Agency: SUNY	Title:
Division: Farmingdale	SG:
Office:	Line No: _____ NU: _____
Percent Reduction in Work Schedule requested:	Number of pay periods of participation: _____ pay periods
VR Time to be earned during agreement period: _____ days	
Beginning first day of pay period # _____, (date) _____, 20 _____	Ending last day of pay period # _____, (date) _____, 20 _____
Normal work schedule _____ hours/week; _____ hours/pay period.	Reduced average work schedule _____ hours/week; _____ hours/pay period.
VR Time earned _____ hours/week; _____ hours/pay period.	

Please note: Maximum agreement timeframe is one year. Check type of Proposed Schedule of VR time use below.

- A. ☐ Shorter workday/Normal workweek.
- B. ☐ Shorter workweek/Normal workday.
- C. ☐ Coordination with Alternative Work Schedule (AWS) arrangement: Longer workday/Shorter workweek.
- D. ☐ Block(s) of time off.
- E. ☐ Intermittent time off. (Specify pattern, if any.) _____
- F. ☐ Combination of above.

Employee Signature:	Date:
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- ☐ APPROVED
- ☐ DISAPPROVED (attach written justification and transmit to Personnel Officer)

Effective Date: _____

I agree to the proposed temporary adjustment in work schedule and understand that this employee will work a prorated share of his or her normal schedule over the duration of the agreement period.

Supervisor - Date	Section Chief/Office Head - Date
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- ☐ APPROVED
- ☐ DISAPPROVED (Personnel Officer - Date)
