

Pilot Voluntary Request for Reduced Work Schedule Application and Approval Form

A reduced schedule must be agreed on by the manager, the staff member, department administrator and your HR Partner.

Employee Name: _____ Date: _____ Member of HUCTW

Job Title: _____ Department: _____

Manager Name: _____ Manager's Title: _____

Current Hours Worked per Week: _____ Current Schedule: _____

Please specify your current work week including working days.

Monday Tuesday Wednesday Thursday Friday

Please specify your proposed work week including working days.

Monday Tuesday Wednesday Thursday Friday

I will make a commitment to this schedule for: (Choose one)

3-Month Commitment (Start Date: ____ End Date : ____) 6 Month Commitment (Start Date: ____ End Date : ____)

Other Commitment (Start Date: ____ End Date : ____)

I am requesting to reduce my work schedule for the time period specified above. I understand that by making this voluntary choice, my salary will be reduced for the period of time in I understand that my job duties/responsibilities will be adjusted to account for this reduce time. I further recognize that some of my benefits may be impacted. I have read, understand and agree to abide by the Trial Voluntary Reduced Work Schedule Guidelines.

Staff Member's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Department Administrator's Signature: _____ Date: _____

HR Partner's Signature: _____ Date: _____