

***VOLUNTARY REDUCTION IN HOURS
REQUEST FORM***

Employee Name: _____ Employee Number _____

Dept Name _____ Dept Number _____

I voluntarily request to reduce my work schedule to 32, 36, or 37.5 hours per
(check the shift that applies)

week. I understand that:

1. my employment status will be full time with benefit eligibility;
2. PTO will accrue based on the plan applicable to my reduced schedule;
3. this will be my normal work schedule;
4. all hours will be paid based on my reduced schedule to include hours worked, PTO, extended sick, jury, funeral, etc.;
5. director's approval is required; and
6. changes in departmental operations may require a change or termination of this agreement.

Signature _____ Date _____

Director approval Yes No

Director Signature _____ Date _____

Human Resources

Processed by _____

Human Resources Representative Signature

Date _____