

## Voluntary Reduction in Work Schedule (VRWS)

Employee \_\_\_\_\_ Department \_\_\_\_\_

Job Title \_\_\_\_\_ # Hrs Worked per Week \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current Work Schedule (Work Days and Hours i.e. Monday – Friday, 8:00am – 4:30pm)

\_\_\_\_\_  
\_\_\_\_\_

Proposed Work Schedule (Work Days and Hours)

\_\_\_\_\_  
\_\_\_\_\_

Effective Date of Work Schedule Change \_\_\_\_\_

### I understand and agree to the following;

- A VRWS is not intended to be a temporary schedule change.
- Benefit eligibility would remain the same for participation in Health, Dental, Vision and Elect Life unless your work hours fall below 20 hours per week.
- Disability and CU paid basic life insurance benefits would be based on the new annualized salary.
- Vacation and sick leave accruals would correspond to the accruals for 1/2 time and 3/4 time.
- Tuition remission would be available according to the policy guidelines for part-time employees.
- Schedule reductions to below 20 hours per week will eliminate eligibility for all of the benefit programs listed above.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

***Employee Action Form (EAF) will need to be forwarded to Human Resources to process change.***