



ALMA COLLEGE

APPLICATION FOR VOLUNTARY REDUCED WORK SCHEDULE

Name:	E-mail address:
Department:	Date of Hire:
Title:	Name of Supervisor:

Please complete proposed schedule below

For a reduction in weekly hours:

Day of the Week	Start Time	Lunch	End Time	Total Hours Worked
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

For a reduction in blocks of time

Month	Dates Working	Dates Reduced Schedule	Total Days Working
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Requested start date of VRWS: _____

Note: Allow 3 weeks for approval and implementation.

Employee's Agreement

By signing this form, I acknowledge that the above requested reduction in hours was done on a voluntary basis and is a permanent decrease to the hours, pay and applicable benefits of my position. I also acknowledge that Alma College reserves the authority to rescind approval of my participation in the program in the event that college or departmental needs require. I also agree to adjust my working hours when requested to do so by my supervisor or when otherwise necessary to carry out the duties I have been assigned.

Employee Signature: _____ Date: _____

Management Approval/Denial

By signing below, you are approving this application for a voluntary reduction in workhours.

APPROVALS	Signature:	Printed Name:	Date:
Supervisor:			
VP:			

If this request is denied, please state reason and sign below.

Denied by: _____ Date: _____

Distribution of completed form:

Please return a copy of the form to the employee and send the original to the Human Resource Department for implementation.