



FACULTY

VOLUNTARY WORKLOAD REDUCTION



PART A – To be filled out by the teacher

PART B – To be filled out by the department chairperson

DEADLINE: Please fill out the form and send it to hrfaculty@dawsoncollege.qc.ca by no later than May 15 (for an annual or fall semester VWR request) or November 15 (for a winter semester VWR request)

A. EMPLOYEE

NAME				
EMPLOYEE NUMBER	DEPARTMENT			
VWR REQUEST (indicate the number of courses/sections per semester to be released)				
How would you like to apply the reduction on your pay?	SEMESTER	FALL	WINTER	ANNUAL

Teacher
Signature

Date

B. CI INFORMATION

FULL TIME CI

REDUCED CI

FALL

WINTER

ANNUAL

Chairperson
Signature

Dean
Signature

C. HR APPROVAL

Signature

Date

FOR ADMINISTRATIVE USE

Employee #: _____

Date Received: _____

Geremi/Clara: _____

Signature: _____

- Registrar's Office Verified
- VWR Confirmed
- Payroll Verified