

Voluntary Workload Reduction Request Form

First Name : _____ Last Name : _____

Employee # : _____ Support Staff Professional

Department : _____ Classification : _____

Proposed VWR Schedule

Select a plan: Option A Option B Option C Option D

Please fill in the requested number of working hours below.

Pay Week #1	Monday	Tuesday	Wednesday	Thursday	Friday
Working Hours					
Pay Week #2	Monday	Tuesday	Wednesday	Thursday	Friday
Working Hours					

Supervisor has been notified of the proposed schedule

Employee Signature

Date

FOR ADMINISTRATIVE USE

Employee #: _____	Date Received: _____	<input type="checkbox"/> Decision Received
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Refused		<input type="checkbox"/> Gérémi Updated
Date Entered: _____	Signature: _____	<input type="checkbox"/> Letter Prepared
Date Verified: _____	Signature: _____	<input type="checkbox"/> Letter Distributed