

**Voluntary Reduction In Work Schedule - Application  
State University Professional Services Negotiating Unit**

|   |   |
|---|---|
| Name _____  | Title _____   |
| Campus _____  | Agency Code _____   |
| Division/Department _____   |   |
| Office/Unit _____   | Salary _____  |
| Percent of professional obligation* reduction requested: _____%         | Number of pay periods of participation: _____ pay periods           |
| VR credits to be earned during agreement period: _____ days             | VR credits to be earned per _____ week<br>_____ pay period          |
| Agreement Beginning:<br>first day of pay period no. _____<br>date _____ | Agreement Ending:<br>last day of pay period no. _____<br>date _____ |
| Describe the professional obligation reduction.<br><br><br>             |   |

Check type of Proposed Schedule of VR Leave use below. Specify schedule on Voluntary Reduction in Work Schedule (VRWS) Schedule for Use of VR Time form (attached).

- Shorter workday/Normal workweek
- Shorter workweek/Normal workday
- Block(s) of VR leave
- Intermittent VR leave (Specify pattern, if any) \_\_\_\_\_
- Combination of above

|                               |            |
|-------------------------------|------------|
| Employee _____<br>(Signature) | Date _____ |
|-------------------------------|------------|

\*According to SUNY Policies of the Board of Trustees, Article XI Appointment of Employees, Title H. Appointment Year, §2, *Professional Obligation*. The professional obligation of an employee consistent with the employee's academic rank or professional title, shall include teaching, research, University service and other duties and responsibilities required of the employee during the term of the employee's professional obligation.

I agree to the proposed temporary adjustment in professional obligation and understand that this employee will work a prorated share of his or her normal schedule over the duration of the agreement period.

- APPROVED
- DISAPPROVED (attach written justification and transmit to Personnel Officer)

|                                 |            |
|---------------------------------|------------|
| Supervisor _____<br>(Signature) | Date _____ |
|                                 |            |

- APPROVED
- DISAPPROVED (attach written justification and transmit to Personnel Officer)

|  |            |
|--|------------|
| Dean/Vice President _____<br>(Signature) | Date _____ |
|--|------------|

- APPROVED
- DISAPPROVED

Effective Date: \_\_\_\_\_

|  |            |
|--|------------|
| Human Resources/<br>Personnel Officer _____<br>(Signature) | Date _____ |
| Employee's Line No. _____                                  |            |