

Voluntary Reduced Work Schedule Application



Employee Information:

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

Please complete proposed schedule below:

Reduction in hours or days

Day of the Week	Start time	End time	Total hours worked (does not include minimum 30 minute lunch if working more than 5 hours in a work day)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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			
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Start Date of VRWS	
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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 Northern Kentucky University reserves the authority to rescind approval of my participation in the program in the event that university, 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:
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Management/HR Approval

By signing below, you are **approving** this application for a voluntary reduction in work hours.

APPROVALS	Signature:	Printed Name:	Date:
Supervisor:			
Dean or VP:			
Human Resources:			