

EMPLOYEE REQUEST FOR VOLUNTARY WORKLOAD REDUCTION (VWR) FORM

PLEASE ATTACH THIS FORM TO THE CHANGE REQUEST WHEN SUBMITTING TO HUMAN RESOURCES.

Date Submitted (Should be no later than April 1 in year of request):

If submitted post April 1, please explain:

Employee Name:

Department/School/Program:

Position:

Current % of Appointment (FTE):

% of Workload Reduction Requested:

Start Date of Reduced Workload:

End Date of Reduced Workload:

Year of Request: ☐ Year 1 ☐ Year 2 ☐ Year 3

If not Year 1 request, please state previously approved VWR request information below:

Reason for Workload Reduction Request:

Please note reducing your workload will affect your Benefit Coverage. The completion of this form does not constitute approval.

SUPERVISOR TO COMPLETE

☐

Request Approved

☐

Request Denied

Reasoning for Approval:

Reason for Rejection (if applicable):

Employee

Date

Signature

Chair

Date

Signature

Dean

Date

Signature

Human Resources

Date

Signature