

**Voluntary Reduction In Work Schedule (VRWS) - Application
State University Professional Services Negotiating Unit (UUP)**

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 _____ pay period
Agreement Beginning: first day of pay period no. _____ date _____	Agreement Ending: last day of pay period no. _____ date _____
Describe the professional obligation reduction.	

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 _____ <p align="center">(Signature)</p>	Date _____
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*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 _____ (Signature)	Date _____

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

Dean/Vice President _____ (Signature)	Date _____
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- APPROVED
- DISAPPROVED

Effective Date: _____

Human Resources/ Personnel Officer _____ (Signature)	Date _____
Employee's Line No. _____	

