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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Campus</td>
<td>Agency Code</td>
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<tr>
<td>Division/Department</td>
<td></td>
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<tr>
<td>Office/Unit</td>
<td>Salary ____________</td>
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<tr>
<td>Percent of professional obligation* reduction requested: _________%</td>
<td>Number of pay periods of participation: ___________________________pay periods</td>
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<tr>
<td>VR credits to be earned during agreement period: ______________ days</td>
<td>VR credits to be earned per ______________ week ______________ pay period</td>
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<tr>
<td>Agreement Beginning: first day of pay period no. ______________ date ______________</td>
<td>Agreement Ending: last day of pay period no. ______________ date ______________</td>
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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 ____________________________ (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 ____________________________
(Signature) Date ______________

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

Dean/Vice President ____________________________
(Signature) Date ______________

☐ APPROVED
☐ DISAPPROVED

Effective Date: __________________________

Human Resources/Personnel Officer ____________________________
(Signature) Date ______________

Employee’s Line No. ____________________________