

# 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:
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Position:	Current % of Appointment (FTE):	% of Workload Reduction Requested:
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Start Date of Reduced Workload:	End Date of Reduced Workload:	Year of Request: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3
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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