

VOLUNTARY REDUCTION OF WORK HOURS

This request is made with the following understandings:

1. The reduced work hours will not be effective until approved by the County Administrative Office.
2. The employee has received Personnel Administrative Policy V.1.C.5 Voluntary Reduction of Work Hours.
3. A reduction in work hours will proportionately have an effect on gross pay, holiday pay, leave accruals, seniority, probation hours (if applicable), and step advancement eligibility.
4. Work hours changes may only begin on the first working day of a pay period and conclude on the last working day of a pay period.
5. An employee must attach a written statement to this request form stating the reason for requesting a change in work hours.
6. If an employee transfers, promotes, demotes, terminates or in any other way vacates his/her present position, they will need a new agreement for any reduction of hours in the new position.

Additional department requirements:

I request and agree to work _____ hours per week,

Beginning: _____ (date must be first day of a pay period)

Ending: _____ (date must be last day of a pay period)

I have discussed and obtained approval of my proposed work schedule with my supervisor and the following schedule has been agreed to:

EMPLOYEE NAME (Print): _____ Date: _____

EMPLOYEE SIGNATURE: _____ Date: _____

SUPERVISOR'S SIGNATURE _____ Date: _____

DEPT HEAD SIGNATURE: _____ Date: _____

CAO APPROVAL SIGNATURE: _____ Date: _____