

**VOLUNTARY SCHEDULE REDUCTION PROGRAM (VSRP) APPLICATION**  
**SECTION 1: TO BE COMPLETED BY EMPLOYEE**

Name	Department	Employee Number
Contact Information (i.e. email or telephone number)		
<p><b>Program Options:</b>  <b>Fiscal year</b> <input type="checkbox"/> 20116/2017 or <input type="checkbox"/> 2017/2018 (A separate application is required for each fiscal year).</p> <p><input type="checkbox"/> <b>Sporadic Days Off</b> (full or partial). The actual date(s) (and hours if partial days) I am requesting off are:        _____</p> <hr/> <p><input type="checkbox"/> <b>Reduction in scheduled weekly hours</b> during the period of: _____        The daily schedule I am requesting is:        Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____        Total hours of reduction per week: _____</p> <hr/> <p><input type="checkbox"/> <b>Leave of Absence</b> (5 consecutive days or more) during the period of: _____        (not to exceed 24 weeks per application, except for educational purposes)</p>		
<p><b>Employee Statement</b></p> <p>I am a permanent State employee and request to take unpaid voluntary leave pursuant to CGS §5-248c. I understand <sup>(1)</sup> the VSRP is voluntary on my part, <sup>(2)</sup> the approval of my request is at management discretion which is not subject to the grievance or arbitration procedure, <sup>(3)</sup> leave taken under the VSRP will not be counted toward completion of the promotional working test period, and <sup>(4)</sup> this arrangement may be modified, amended or terminated at any time prior to the leave by management, or myself, with or without cause.</p> <p>_____        Signature</p> <p>_____        Date</p>		

**SECTION 2: APPROVALS**

<input type="checkbox"/> I RECOMMEND APPROVAL OF THIS REQUEST. <input type="checkbox"/> I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE: _____		
_____ Supervisor	_____ Signature	_____ Date
_____ Department Head	_____ Signature	_____ Date
_____ Dean or Director	_____ Signature	_____ Date

**SECTION 3: TO BE COMPLETED BY HUMAN RESOURCES**

Human Resources has reviewed this request and researched records and determined whether or not <sup>(a)</sup> the employee requesting leave under the VSRP meets the definition of 'permanent employee' as provided by C.G.S. § 5-196, <sup>(b)</sup> the days/hours requested meet the criteria established by Section 5-248c-1(c) of the Personnel Regulations, <sup>(c)</sup> the requested schedule will not result in the employee falling below the threshold for eligibility for health insurance benefits. All criteria is met: <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Employee Benefits Manager/Designee	_____ Signature	_____ Date

Total Anticipated Hours Without Pay:	Employee's Hourly Rate of Pay:	Total Anticipated Savings:
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Human Resources will distribute the approved form as notification to Employee, Supervisor, Payroll and Labor Relations as required.