**REDUCED WORKLOAD FOR SUPPORT STAFF – APPLICATION FORM**

**SECTION 1 - Employee Information:**

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| --- | --- |
| Employee Name: | Date of Application: |
| Department/School: | Supervisor’s Name: |

**SECTION 2 - Requested Workload Reduction Period:** *(MM-DD-YYYY)*

|  |  |
| --- | --- |
| From: | To: |

*NOTE: The minimum period of reduction shall be two (2) months. The maximum period of reduction shall be one (1) year.*

Is this request an extension of an existing Reduced Workload leading to a planned retirement date? □ Yes □ No

If ‘yes’, have you submitted a formal written notice of retirement to the College? □ Yes □ No

 **SECTION 3 - Requested Reduction of Work & Salary:**

The above named employee is requesting a Workload Reduction to \_\_\_\_\_ hours per week. Expressed as a percentage, this would be a reduction of \_\_\_\_\_\_% from the employee’s standard weekly hours and salary.

**SECTION 4 - Requested Work Schedule:** ***(the*** *schedule will be finalized following discussion with the supervisor)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUNDAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
|  |  |  |  |  |  |  |

**SECTION 5 - Workload Distribution:** *(employee provides preliminary details; content will be finalized following discussion with the supervisor)*

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| **Responsibilities & Tasks to be Maintained by the Employee:***NOTE: Essential duties of the position must be maintained by the incumbent during the period of reduced workload.* |
| **Responsibilities & Tasks That Will Not be Maintained During the Reduced Workload Period:** |
| **Responsibilities & Tasks That Will Be Carried Out By Someone Else During the Reduced Workload Period:** |

**SECTION 6 - Vacation Day Entitlements During a Reduced Workload:**

Vacation will continue to accrue in accordance with the Support Staff Collective Agreement throughout the period of reduced workload but on a pro-rated basis.

The adjustments to vacation entitlement for the period of reduced workload will be calculated and administered by Human Resources and will be communicated back to the employee and supervisor in writing, as required.

**SECTION 7 - Sick Day Entitlements During a Reduced Workload:**

Sick days utilized during an approved Reduced Workload Agreement will be compensated at the reduced salary rate.

**SECTION 8 - Amendments to an Approved Reduced Workload Agreement:**

An approved Reduced Workload agreement may not be altered except with the prior written agreement of both the employee and the supervisor. When a Reduced Workload agreement is changed, the request form must be updated to reflect the understanding of both parties and will be re-signed/dated by the parties noted below in the Authorizations section.

**SECTION 9 - TO BE COMPLETED BY THE SUPERVISOR, FOLLOWING DISCUSSION WITH THE HR CONSULTANT:**

□ Approved □ Denied

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| **If denied**, please provides the reasons below and return a copy of this form to the employee within two weeks of the application date. |

 **If approved**, please sign-off below with the employee and then forward this form to your HR Consultant. The Reduced Workload schedule shall **not** commence until all signatures have been received in Human Resources.

**SECTION 10 - SIGNATURES FOR APPROVED REDUCED WORKLOAD APPLICATIONS:**

By your signature, you are indicating that you have read, understand and will adhere to the Reduced Workload Agreement terms & conditions and the College’s Conflict of Interest Policy, #4-404.

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| --- |
| Employee Signature: Date: |
| Supervisor Signature: Date: |
| HR Consultant Signature: Date: |

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