

VOLUNTARY REDUCTION IN WORK SCHEDULE

Truckee Meadows Community College is implementing a temporary Voluntary Reduction in Work Schedule (VRWS) program in connection with cost saving measures. The VRWS program allows eligible employees the option of requesting a reduction in working hours or teaching load with a corresponding reduction in salary. If you would like to request a voluntary reduction in work schedule, please complete this form and submit it to Human Resources.

EMPLOYEE INFORMATION

Last Name	First Name
Title	Employee Type <input type="checkbox"/> Academic <input type="checkbox"/> Administrative <input type="checkbox"/> Classified
Department	Supervisor

WORK SCHEDULE INFORMATION

Current FTE	Proposed FTE	Proposed Start Date
-------------	--------------	---------------------

PROPOSED SCHEDULE

Administrative, Classified and Non-Instructional Academic Faculty			
	Begin Time	End Time	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

Instructional Academic Faculty	
	Teaching Load
Fall 2021	
Spring 2022	

JUSTIFICATION

Please answer yes or no to the questions below. If no, please explain and propose mitigation.

- Can you perform your primary job functions in the proposed reduced schedule (i.e., the number of hours per week and the times of day/days of the week)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

- If your proposed reduced work schedule is approved, can you reasonably postpone any projects or duties that you cannot complete as originally planned?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

Voluntary Reduction in Work Schedule

3. Could you adopt the reduced work schedule without adversely impacting customer service?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

4. Could you adopt the reduced work schedule without adversely impacting the department's productivity?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

5. Could you adopt the reduced work schedule without adversely impacting the other employees in your department?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

6. Could you adopt the reduced work schedule without adversely impacting your primary job responsibilities and duties?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

7. Could you adopt the reduced work schedule without adversely impacting your supervisor's ability to supervise you?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please comment here:
--	-----------------------------

EMPLOYEE ACKNOWLEDGEMENT

I certify that I have read the VRWS guidelines and understand that certain benefits are based on my total FTE and that this change will impact my salary, leave accruals and retirement contributions. I understand that any future changes to my work schedule are not guaranteed and must be approved by my supervisor, appointing authorities and TMCC President/Leadership.

Employee Signature	Date
--------------------	------

Please submit form to Human Resources and Human Resources will obtain the remaining signatures.

Review and Approval	
Supervisor	Date
Director	Date
Dean/Executive Director	Date
Vice President	Date
TMCC President/Leadership	Date