

VOLUNTARY REDUCTION (VR) APPLICATION
CUPE 4207 UNIT 2 or 3

Name: _____ Employee Number: _____

Department: _____

Calendar Year (for which VR is being requested): _____

PLEASE COMPLETE EITHER SECTION 1 OR 2 BELOW**1. Regular Voluntary Reduction (As per Article 21 - Workload - Voluntary Reduction)**

Please check the number of additional weeks requested:

☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ ____ days

Note: Seasonal and permanent part time VR will be pro-rated to reflect the ongoing appointment.

2. Special Voluntary Reduction (As per Article 21 - Workload - Voluntary Reduction)

Please check the number of additional weeks requested:

☐ 5 weeks ☐ 6 weeks ☐ 7 weeks ☐ 8 weeks

Note: Seasonal and permanent part time VR will be pro-rated to reflect the ongoing appointment.

Please specify below how and when the voluntary reduction is to be used (i.e. specific dates, block of time, one day per week, etc.)

Have you taken special voluntary reduction in previous years? If so, please specify the number of previous years:

☐ never ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years

Special voluntary reduction is only available for a maximum of 5 years.

3. Signatures and Authorization/Approval_____
Employee Signature_____
Date_____
Supervisor(s) Name (Please print)_____
Supervisor(s) Signature_____
Date_____
SAC Member Name (Please print)_____
SAC Member Signature_____
Date_____
Human Resources Name (Please print)_____
Human Resources Signature_____
Date