

## VOLUNTARY REDUCTION (VR) APPLICATION OSSTF

brocku.ca

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 25.09)

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 25.10)

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*