

Fort Lewis College
Request for Voluntary Reduction of Contract or Work Schedule

Last Name

First Name

Position Title

According to Fort Lewis College Policy on Voluntary Reductions of Contract or Work Schedule, I am submitting my request for:

Classified Staff

Permanent Reduction in Work Schedule ___

Temporary Reduction in Work Schedule ___

Faculty/ Administrative Professional Staff

Permanent Reduction of Contract _____

Temporary Reduction of Contract _____

Proposed Implementation Date: _____

If temporary reduction of contract, date of return: _____

By signing below the employee acknowledges that they have read and understood the Fort Lewis College Policy for Voluntary Reduction of Contract or Work Schedule. The employee specifically acknowledges the following:

1. The employee is volunteering of their own free will for a reduction in work contract or work schedule and that no coercion or intimidation was exerted upon the employee.
2. The employee's pay will be reduced proportionately for the amount of reduced contract or work schedule.
3. Applicable rules and policies regarding leave, benefits, and retirement plans will be applied according to the reduced schedule.

This application must be accompanied by a written statement that includes:

1. How the functions of the employee's job will be affected if the reduction is granted.
2. Proposed work schedule.

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Employee Name

Employee Signature

Date

Approve _____ Disapprove _____

Immediate Supervisor

Date

Approve _____ Disapprove _____

Vice President

Date

Director of Human Resources

Date