

VOLUNTARY REDUCED WORKWEEK (VRW) REQUEST FORM 2012/2013 FISCAL YEAR

Please submit completed Request Form to Department Manager/Director by March 30, 2012. Applications received after this date can be considered by management subject to scheduling and operational requirements at the time of the request.

Employee Name: _____ Employee Number: _____

Employee Department: _____ Employee Classification: _____

I hereby request an unpaid leave of absence (VRW day) for the following day(s). Please note that an employee is entitled to request between one (1) and twenty (20) VRW days.

Requested VRW day: **day/month/year**

I understand the requested VRW day(s) will be granted if operationally feasible. The number of days and the specific dates requested are subject to approval by the Department.

I have read and understand the information regarding the Voluntary Reduced Workweek program. This new information is available on the work site bulletin boards and the Manitoba Government intranet or from your Manager/Director.

If one or more VRW days is approved, I understand and agree to the following:

- That my salary will be adjusted to reflect the effect of the approved VRW day(s) by reductions in my bi-weekly payroll during the period of May 4, 2012 to March 22, 2013.
- Once requested VRW days are approved, I cannot change the total number of approved VRW days that I will take. Subject to the approval of the employing authority, the specific dates of the approved VRW day(s) may be changed. All VRW days must be taken by March 8, 2013.
- The approved VRW day(s) will be treated as a regular working day for the purposes of pension, group life insurance, and accumulated service calculations.
- Where operationally necessary, the Department may direct, with appropriate notice, that I work on a previously approved VRW day. In that event, an alternate mutually acceptable VRW day will be selected in the fiscal year.
- If I leave the employ of the Manitoba Government, any related overpayment or underpayment will be adjusted by the Department.

Date

Employee Signature

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No. of days requested: _____ No. of days Approved: _____ No. of VRW days denied: _____
 No. of days varied: _____ **Total approved no. of VRW days = _____**
 Dates of VRW days approved:

Date: _____

Department Signature: _____ Employee Signature (if varied): _____

* Original request form to be sent to Human Resources once it has been approved or denied.