

VOLUNTARY REDUCED WORKWEEK (VRW) REQUEST FORM 2024/2025 FISCAL YEAR

Please submit completed Request Form to Department Manager/Director by March 15, 2024. Applications received after this date can be considered by management subject to operational requirements.

Employee Name: _____ Employee Number: _____

Employee Department: _____ Employee Classification: _____

Please indicate if you are: Full-time or Part-time

I hereby request an unpaid leave of absence (VRW day) for the following day(s) to a maximum of twenty (20) VRW days. The number of days and the specific dates requested are subject to approval by the Department.

Requested VRW day: *day/month/year*

I have read and understand the information regarding the Voluntary Reduced Workweek program.

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 3, 2024, and March 21, 2025.
- 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 7, 2025.
- 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 incur a reduction in my salary, I may cancel my participation in the program in writing within two (2) weeks of incurring the reduction, and any related overpayment or underpayment will be adjusted by the Department.
- If I leave the employ of the Manitoba Government, any related overpayment or underpayment will be adjusted by the Department.

Date

Employee Signature

DEPARTMENT APPROVAL REQUIRED (Check one box & sign & date below):

Dates approved as requested.

OR (MUST CHECK ONE BOX)

Dates of VRW days varied or denied (list dates below):

No. of days requested: ____ No. of VRW days denied: ____ Total approved no. of VRW days = ____

Date: _____ Department Signature: _____

Employee Signature (if dates varied or denied): _____

Please submit completed form (*approved or denied*) in **only one** format:
 Email the form to your assigned Pay and Benefits Consultant **OR**
 Mail a hard copy to: Pay & Benefits 1012A – 401 York Avenue, Winnipeg, R3C 0P8
 You can find your PBC name in Employee Self Service – Personal Information-Organizational Data

For Pay & Benefits Use Only:

$$\frac{\text{______}}{\text{\# days}} \times \frac{\text{______}}{\text{daily hrs}} = \frac{\text{______}}{\text{total hrs}} \times \frac{\text{______}}{\text{VRW rate (IT-14)}} = \text{______} \div 24 = \text{______} \text{ (bi-weekly deduction)}$$