



V-Time Schedule Form

I. Personal Information

Employee Name:

Employee ID:

Employee Email Address:

Telephone Extension:

Department:

II. Eligibility Questions (You must answer "yes" to the following questions to be eligible.)

Yes

No

Are you a full-time staff employee?

☐☐

Have you completed two (2) years of continuous full-time service? ¹

☐☐

Have you read and understood the V-time policy?

☐☐

Has 24 months elapsed since a previous V-time arrangement?

☐☐

III. V-time Arrangements

V-time Start Date²

V-time End Date²

Number of hours to be worked over V-time arrangement per week
(not including unpaid lunch hours)

Percentage of reduced work schedule

☐ 10%

☐ 40%

☐ 20%

☐ 50%

¹ Continuous service is counted as service starting with an employee's most recent date of full-time employment.
² The duration of the V-time arrangement cannot be more than two years.

IV. Acknowledgement/Agreement Please read carefully, sign and date to indicate that you have read and comply with the terms of the policy.

By signing this form, I acknowledge that decisions regarding participation and continuation in the V-Time arrangement are at the discretion of my manager. Additionally, I am aware that I may not be able to immediately return to my former work schedule before the agreed-to end date. Also, I understand that returning to my regular full-time employment is not guaranteed even though the arrangement has a specific end date. If a return to normal full-time employment cannot be accommodated within two years of the beginning of the V-time arrangement, then I will be automatically transferred into part-time status and a reduction in pay and benefits may result. Finally, I am aware that during my V-time arrangement my pay will be reduced as well as my benefits that are calculated as a percent of pay.

Signature

Date

APPROVAL

Manager Print Name _____ Manager Signature _____ Date _____

VP/Dean Print Name _____ VP/Dean Signature _____ Date _____