

State of Connecticut Department of Administrative Services

Request for Schedule Change under the Voluntary Schedule Reduction Program (VSRP)

Form #: CT-HR-7a

Effective Date: 1/2009

I am a State executive or a permanent managerial employee and request to take one day of unpaid voluntary leave pursuant to CGS §5-248c between January 15, 2009 and March 1, 2009.

Part I: To be completed by the employee requesting a schedule reduction under the VSRP

NAME: _____ AGENCY: UHC72000 - UConn Health Center
JOB TITLE: _____ DIVISION/OFFICE: _____
PAY PLAN: VR WORK LOCATION: _____

Schedule Reduction Request

THE DATE I AM REQUESTING OFF UNDER THE VSRP IS _____.

Employee's Signature Date

Part II – To be completed by the supervisor of employee submitting request

- I AM IN RECEIPT OF THIS REQUEST AND APPROVE THIS DAY OFF.
- I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE*:

Supervisor's Signature Date

Part III – To be completed by the Division Director

- I RECOMMEND APPROVAL OF THIS REQUEST.
- I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE*:

Director's Signature Date

Part IV – Savings Breakdown – To be completed by Agency's Human Resources Office

FUNDING SOURCE OF POSITION (CIRCLE): General Federal Other: _____
EMPLOYEE'S DAILY RATE OF PAY: _____

Please record the time requested on your Kronos Timecard as paycode '405-Voluntary Leave'.

If the employee is currently serving a promotional working test period, I have advised the employee that leave taken under the VSRP will not be counted toward completion of that working test period.

HR Director's/Designee's Signature Date

Part V – To be completed by the Agency Head/Designee

- I APPROVE THIS REQUEST.
- I AM UNABLE TO APPROVE THIS REQUEST BECAUSE*:

Agency Head's/Designee's Signature Date

***Note:** Every effort should be made to accommodate scheduling changes to the extent possible without disrupting agency services.

cc: Personnel File