

**State of Connecticut Department of Administrative Services**  
 Request for Schedule Change under the Voluntary Schedule Reduction Program (VSRP)  
 (Governors' Request of March 2009 until further notice)

Form #: CT-HR-7c  
 REVISION DATE: 8/2009

In order to be eligible to participate in the VSRP, employees must: (1) meet the definition of 'permanent employee' as provided by C.G.S. §5-196, (2) ensure the hours worked in any given week equals or exceeds the minimum number of hours required for eligibility for health insurance benefits and (3) receive approval from the Agency Head/Designee prior to beginning leave under the VSRP. Employees are advised that leave taken under the VSRP will not be counted toward completion of the promotional working test period and the expiration date of such working test period will be extended by the equivalent number of days. The VSRP is not subject to the grievance or arbitration procedure. **Leave taken under the VSRP shall not be granted if the effect would be to incur overtime costs.**

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

I am a permanent State employee and request to take unpaid voluntary leave pursuant to CGS §5-248c.

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DIVISION/OFFICE: \_\_\_\_\_  
 BARGAINING UNIT: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_  
 REQUEST IS MADE FOR THE PERIOD COVERING: \_\_\_\_\_ TO \_\_\_\_\_

**Schedule Reduction Request: Select ONE option below and describe in detail how you wish to use the Program.**

**OPTION A**

I am requesting to take sporadic individual full days off or partial days off without pay. (The days include days I am scheduled to work and do not include holidays.)

The actual day(s), hours and date(s) I am requesting off under the VSRP during this time period are as follows:  
 (Examples: Full day = Wed., 7/8/2009; Partial day = Wed. 7/8/2009 - 1:00 pm - 4:30 pm)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OPTION B**

I am requesting a reduction in scheduled weekly hours from \_\_\_\_\_ to \_\_\_\_\_

**CURRENT HOURS OF WORK:**

MONDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 TUESDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 WEDNES. – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 THURSDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 FRIDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 SATURDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 SUNDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_

**REQUESTED HOURS UNDER VSRP:**

MONDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 TUESDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 WEDNES. – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 THURSDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 FRIDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 SATURDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_  
 SUNDAY – FR: \_\_\_\_\_ TO: \_\_\_\_\_ MEAL PERIOD: \_\_\_\_\_

**Special Notes: (These apply to both Option A and Option B)**

- 1.) This request can cover a maximum period of time of three (3) months.
- 2.) Leave taken under the VSRP must be in increments of at least one hour.
- 3.) Unpaid meal periods are required when an employee works more than six hours per day. Meal periods must be scheduled mid-shift and must be at least 30 minutes in duration.

*I understand the VSRP is optional on my part and on the part of my agency and that my agency's appointing authority/designee must approve my request before I may participate in the VSRP. I also understand this arrangement may be modified, amended or terminated at any time by written notification from the agency head, or designee, with or without cause.*

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

**Part II – To be completed by the supervisor/manager/director of employee submitting request**

I RECOMMEND APPROVAL OF THIS REQUEST.

I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE:

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\_\_\_\_\_  
**Supervisor's/Manager's/Director's Signature**

\_\_\_\_\_  
**Date**

**Part III – To be completed by the Agency Head/Designee**

**UNPAID TIME OFF SHALL NOT BE GRANTED IF THE EFFECT WOULD BE TO INCUR OVERTIME COSTS.**

*I have reviewed this request and have researched records to determine whether or not (a.) the employee requesting leave under the VSRP meets the definition of 'permanent employee' as provided by C.G.S. § 5-196, (b.) the days/hours requested meet the criteria established by Section 5-248c-1(c) of the Personnel Regulations, (c) the requested schedule will not result in the employee falling below the threshold for eligibility for health insurance benefits. My findings are as follows:*

**CIRCLE ONE:**

ALL CRITERIA ARE MET

ALL CRITERIA ARE NOT MET

*Further, 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.*

I APPROVE THIS REQUEST.

I AM UNABLE TO APPROVE THIS REQUEST BECAUSE:

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\_\_\_\_\_  
**Agency Head's/Designee's Signature**

\_\_\_\_\_  
**Date**

FUNDING SOURCE OF POSITION (CIRCLE): <b>General</b> <b>Federal</b> <b>Other:</b> _____	
TOTAL ANTICIPATED HOURS WITHOUT PAY:	
EMPLOYEE'S HOURLY RATE OF PAY:	
TOTAL ANTICIPATED SAVINGS:	

cc: Personnel File