

**BALDWIN-WALLACE COLLEGE**

**Voluntary Schedule Reduction/Non-Medical Leave of Absence Request Form**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department

Monthly \_\_\_\_\_ Biweekly \_\_\_\_\_ Date of Hire \_\_\_\_\_

According to the B-W College Voluntary Schedule Reduction Policy, I am voluntarily submitting my request for:

- Temporary Reduction in Work Schedule \_\_\_\_\_
- Non-Medical Leave of Absence Without Pay \_\_\_\_\_

By signing below, the employee acknowledges that s/he has read and understands the Baldwin-Wallace College for Voluntary Schedule Reduction Policy. The employee specifically acknowledges the following:

- The employee is voluntarily requesting a reduced work schedule or leave of absence without pay and that no coercion or intimidation was exerted upon the employee.
- The employee's gross pay will be reduced proportionately for the amount of reduced schedule.
- Applicable policies and procedures regarding leave, benefits and retirement plans will be applied according to the reduced schedule.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The employee must complete appropriate sections on the reverse of this form before forwarding the request to their immediate supervisor for approval.

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

\*Approve\_\_\_\_ \*Disapprove\_\_\_\_

\_\_\_\_\_  
Division/Department Chair/Head Signature

\_\_\_\_\_  
Date

Approve\_\_\_\_ Disapprove\_\_\_\_

\_\_\_\_\_  
Vice President Signature

\_\_\_\_\_  
Date

Approve\_\_\_\_ Disapprove\_\_\_\_

**\* Must be approved or disapproved by immediate Supervisor within 10 working days. Use reverse of form or separate sheet to explain reason(s) for denying request.**

**Voluntary Schedule Reduction/Non-Medical Leave of Absence Request Form**

**1. Employee:** Please explain how the primary and secondary functions of your job will be handled if the reduction in schedule or Non-Medical Leave of Absence is granted.

**Supervisor:** If the employee’s request is not approved, please use this section to explain the reasons for not approving the reduced schedule or leave of absence.

---

---

---

---

---

---

---

---

---

---

**2. Proposed Fiscal Year Reduced Work Schedule**

Starting Date for Reduced Schedule (must be 1<sup>st</sup> of the month for exempt staff or beginning of pay period for biweekly staff): \_\_\_\_\_

Ending Date for Reduced Schedule (must be last day of a month for exempt staff or last day in a pay period for biweekly staff): \_\_\_\_\_

Reduced work schedule: (check one)

- 37.5 hour employees – no less than five 6-hour days per week
- 40 hour employees - four days at no less than 6.5 hours and one day at no less than 6 hours
- 37.5 hour employees - four 7.5-hour days per week
- 40 hour employees - four 8-hour days per week

**3. Proposed Academic Year Reduced Schedule**

- Work full-time from August 1 – May 31 (off in June and July)
- Work full-time from August 1 – June 30 (off in July)
- Full-time from July 1 – May 31 (off in June)

**4. Proposed Unpaid Non-Medical Leave of Absence Schedule**

Starting Date for Leave of Absence \_\_\_\_\_  
Ending Date for Leave of Absence \_\_\_\_\_