



# FACULTY

## VOLUNTARY WORKLOAD REDUCTION



**PART A** – To be filled out by the teacher

**PART B** – To be filled out by the department chairperson

**DEADLINE:** Please fill out the form and send it to [hrfaculty@dawsoncollege.qc.ca](mailto:hrfaculty@dawsoncollege.qc.ca) by no later than May 15 (for an annual or fall semester VWR request) or November 15 (for a winter semester VWR request)

### A. EMPLOYEE

NAME				
EMPLOYEE NUMBER		DEPARTMENT		
VWR REQUEST (indicate the number of courses/sections to be released)				
Please indicate how you would like to apply the reduction on your pay.	SEMESTER	FALL	WINTER	ANNUAL

Teacher  
Signature

Date

### B. CI INFORMATION

#### PROJECTED CI

#### REDUCED CI

FALL

WINTER

ANNUAL

Chairperson  
Signature

### C. HR APPROVAL

SIGNATURE

DATE

#### FOR ADMINISTRATIVE USE

Employee #: \_\_\_\_\_

Date Received: \_\_\_\_\_

RO Verified

Geremi/Clara: \_\_\_\_\_

Signature: \_\_\_\_\_

Confirmed