DAWSON COLLEGE

Voluntary Workload Reduction Request Form for Professionals

First Name : _____ Last Name : _____

Employee # : _____

Department : _____ Classification : _____

Proposed VWR Schedule and Duration

Select an option *(article 8-13.05)*: ◯ Option A ◯ Option B ◯ Option C ◯ Option D

Select a duration: ☐ Option A (One (1) session) Period to be defined ☐ Option B (6 months July 1- Dec 31) (6 months Jan 1-June 30) ☐ Option C (12 months July 1- June 30) ☐ Option D (Any other duration agreed upon between the College and employee)

Please fill in the requested number of working hours below.

Pay Week #1	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Working Hours					
Pay Week #2	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Working Hours					

☐ I have informed my Supervisor of the request

_____ _____

Employee Signature **Date**

Article 8-13.01:
Participation for this program is on a voluntary basis and cannot be combined with another program and/or leave, excluding the specific leaves provided for in the article.

FOR ADMINISTRATIVE USE

Employee #: _____ **Date Received:** _____

Status: ☐ **Approved** ☐ **Refused**

Date Entered: _____ **Signature:** _____

Date Verified: _____ **Signature:** _____

☐ **Decision Received**
☐ **Gérémi Updated**
☐ **Letter Prepared**
☐ **Letter Distributed**