



## Application for Voluntary Reduction in Work Schedule (VRWS)

Please submit the completed and signed application either by: email to [labor.sm.Personnel.questions](mailto:labor.sm.Personnel.questions) or fax (518) 474-2871 or, mail it to the address above.

### Section A (Employee must complete)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Division: \_\_\_\_\_ Salary Grade: \_\_\_\_\_ Negotiating Unit: \_\_\_\_\_

Office Address : \_\_\_\_\_ Item Number: \_\_\_\_\_

1. Normal work schedule: \_\_\_\_\_ hours/week; \_\_\_\_\_ hours/pay period

2. Percentage Reduction in work schedule requested:  5%  10%  15%  20%  25%  30%

- To see how a reduced work schedule will affect your accruals, please see the VRWS Accruals Chart on page 2.

3. VRWS to **begin** 1st day of payroll period beginning (date): \_\_\_\_\_

4. VRWS to **end** 1st day of payroll period beginning (date): \_\_\_\_\_

5. VRWS time earned: \_\_\_\_\_ hrs./pay period 6. Reduced average work schedule: hrs./week: \_\_\_\_\_ hrs./pay period: \_\_\_\_\_

### Section B (Employee must complete and sign)

Proposed Schedule of VR Time Use (Check all that apply):

1. Shorter workday/Normal workweek\*

2. Shorter workweek/Normal workday\*

3. Block(s) of time off

4. Intermittent time off (specify pattern, if any)\*

\*If you check 1, 2 or 4, submit the Schedule for VR Time Off form, [PT 169](#) with this application. It is available on the Intranet under Forms at <http://sdolintranet:81/forms/pt169.pdf>.

I understand the effects on my benefits and status as a result of my participation in this program.

This application serves as my written agreement once the Division Director or Designee approves it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section C (Employee must complete and sign)

Cancel VRWS VRWS to end 1st day of payroll period beginning (date): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section D (Employee's immediate supervisor must complete. Then forward to Division Director, Bureau Head or Designee)

Approved  Disapproved (upon request, written justification for denial must be provided to employee)

I agree to the proposed temporary adjustment in work schedule and understand that this employee may work a pro rata share of his or her normal work schedule over the duration of the agreement.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section E (Division Director, Bureau Head, or Designee must complete. Then forward to Personnel.)

Approved  Disapproved (upon request, written justification for denial must be provided to employee)

\_\_\_\_\_  
Division Director, Bureau Head or Designee Signature

\_\_\_\_\_  
Date

Personnel Designee: \_\_\_\_\_ Personnel Reviewed/Processed Date: \_\_\_\_\_

# VRWS, PT 168 Instructions

**Please Note: All VRWS applications MUST be submitted at least two weeks prior to the requested start date.**

**Employee** (Complete Section A, B and C. You must sign sections B and C.)

- Before you submit a VRWS application please be sure to read the [VRWS Impact on Benefits and Job Status](#)
- Complete application in its entirety including beginning and end dates
- Be sure you signed Sections B and C and then forward form to your supervisor.

**Supervisor** (Signature is required for all requests)

- Prior to signing, please review the application to make sure all required information is provided.
- Forward to your Division Director, Bureau Head or Designee
- If your employee has selected option 1, 2 or 4 in section B, a [PT169](#) is required and must be submitted with the signed application from the employee. Do not forward to Personnel, this should be kept for your records.

**Division Director, Bureau Head or Designee** (Signature is required for all requests)

- Prior to signing, please review the application to make sure all required information is provided.
- Send the completed application to Personnel either by:
  - Email at [labor.sm.personnel.questions@labor.ny.gov](mailto:labor.sm.personnel.questions@labor.ny.gov) or
  - Fax it to (518) 474-2871 or
  - Mail it to Personnel Office, State Office Campus, Building 12, Room 561, Albany, NY 12204

**All VRWS agreements are only valid through the current fiscal year in which approved or selected end date, whichever comes first.**

**Agreements must be renewed each fiscal year and a new application must be submitted to continue participation.**

**For more information about VRWS** go to:

- DOL's GA Manual Topic 1027, Voluntary Reduction in Work Schedule at:  
[http://sdolintranet:81/gamanual/ga\\_manual/1027.pdf](http://sdolintranet:81/gamanual/ga_manual/1027.pdf)
- GOER's Voluntary Reduction in Work Schedule at:  
<https://goer.ny.gov/voluntary-reduction-work-schedule-vrws>

**If you have any questions**, please contact the personnel office at (518) 457-1020.

## VRWS Accruals Chart

Reduction %	VRWS %	Annual leave earned before 7 years	Annual leave earned after 7 years	Sick leave earned	Personal leave earned
5	95%	3.5625	5.4625	3.5625	35.625
10	90%	3.375	5.175	3.375	33.75
15	85%	3.1875	4.8875	3.1875	31.875
20	80%	3	4.6	3	30
25	75%	2.8125	4.3125	2.8125	28.125
30	70%	2.625	4.025	2.625	26.25