

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

<hr/> Last Name	<hr/> First Name
<hr/> Position Title	<hr/> Department
Monthly _____ Biweekly _____	Date of Hire _____

According to the BW University 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 University 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.

<hr/> <b>Employee Signature</b>	<hr/> <b>Date</b>
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The employee must complete appropriate sections on the reverse of this form before forwarding the request to their immediate supervisor for approval.

<hr/> Immediate Supervisor Signature*	<hr/> Date	Approve _____	Disapprove _____
<hr/> Division/Department Chair/Head Signature	<hr/> Date	Approve _____	Disapprove _____
<hr/> Vice President Signature	<hr/> 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.

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### 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 \_\_\_\_\_