

Voluntary Workload Reduction Request Form

First Name _____ Last Name : _____

Employee#: _____

Department: _____

Select Option A Option B Option C Option D

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					

Supervisor: _____

Employee Signature