Interdepartmental Communication

To: University of Toledo Academic Employees

From: Human Resources

Date: May 10, 2011

Re: Summer Leave/Voluntary Reduction in Work Hours

UT is again this year offering academic and college departmental staff an opportunity to voluntarily reduce the number of hours they work during the summer. This program allows individuals to take additional unpaid time off during the summer, and assists UT in decreasing staff hours paid in departments where workloads are reduced in the summer.

Employees interested in participating must request approval from their department supervisor. Requests for summer leave or a voluntary reduction in work hours must be approved by both the department supervisor and the department director or chairperson. Departments are not required to participate, but each is encouraged, where plausible, to discuss alternative and flexible work arrangements with employees interested in reducing their hours during the summer. The decision regarding the availability of a reduced summer work schedule in a given department rests with the management of that department.

Departments are not to utilize overtime to compensate for summer reduced hours. Insurance benefits will remain in force along with educational benefits, with UT and employees each contributing their regular portions, unless hours are reduced to zero, in which case the employee must pay the entire healthcare premium. Sick leave and vacation will accrue pro-rated to hours worked. Vacation time may NOT be used to compensate employees for reduced hours as this program is allowing for unpaid hours. Regarding OPERS, employees must receive at least $250 in wages per month to qualify for monthly retirement service credit.

Classified bargaining unit employees electing a leave of absence or voluntary reduction in work hours will have seniority rights adjusted as per their labor agreement. Classified bargaining unit exempt employees will receive no retention points during a leave of absence and will receive ½ retention credit while working reduced hours.

All summer leave or voluntary reduction in work hours must start at the beginning of the pay period and conclude at the end of a pay period. See attached payroll schedules for pay period dates.

Reduced work schedules must consistently be applied during the summer break and are limited to the following options:

- 32 hours/week = 4/5 time
- 24 hours/week = 3/5 time
- 20 hours/week = 1/2 time
- 16 hours/week = 2/5 time
- 8 hours/week = 1/5 time

Included is the “REQUEST FOR SUMMER LEAVE/VOLUNTARY REDUCTION IN WORK HOURS” form which initiates the process. Please make copies of this as necessary. All completed forms should be turned into Human Resources, Mail Stop 205, ATTENTION: ELIDA POTTS.
REQUEST FOR SUMMER LEAVE/VOLUNTARY REDUCTION IN WORK HOURS

The UT is offering all Academic and College department staff the opportunity to take a voluntary summer leave or voluntary reduction in work hours in departments where reduced summer workloads permit limited staff reductions. We are providing this voluntary opportunity for the period beginning May 9, 2011 through August 19, 2011. Summer leave or voluntary reduction in hours must be approved by both the supervisor and department director or chairperson.

Today’s Date: ________________________________

Employee Name: ________________________________  Title: ________________________________

(PLEASE PRINT)

Department: __________________________________________________

All leaves or reduction in hours must start at the beginning of a pay period and conclude at the end of a pay period.

I hereby request a summer leave / voluntary reduction in hours for the following period of time:

Date effective: ________________________________  Return to original: ________________________________

(pay period beginning)                                 (pay period ending)

Present work hours per pay period:________  Requested work hours per pay period: _______

I understand that my department director or chairperson and I reserve the right to return me to my original work hours with a two (2) week minimum notice. I further understand that my present health insurance and educational benefits will remain in force, at the established contribution level for my status, and that the accrual of sick leave and vacation hours will be prorated to my hours worked. In the situation of a leave, I agree to pay my health insurance premium to UT/Human Resources prior to the beginning of each month I will be on leave.

_________________________________________  ________________________________
Employee Signature                                                                 Date

APPROVED BY:

_________________________________________  ________________________________
Department Supervisor                                                                 Date

_________________________________________  ________________________________
Department Director or Chairperson                                                      Date

_________________________________________  ________________________________
HR Representative                                                                        Date

Original – HR    Copy – Payroll    Copy - Department