REQUEST FOR SUMMER LEAVE/VOLUNTARY REDUCTION IN WORK HOURS

The University of Toledo is offering all academic (including college departmental), administrative (non-hospital) and staff personnel the opportunity to take a voluntary summer leave or voluntary reduction in work hours in departments where reduced summer workloads permit limited staff reductions. Summer leave or voluntary reduction in hours must be approved by the supervisor, department director or chairperson, and Vice President.

EMPLOYEE INFORMATION	
Today's Date:	
Employee Name:	**Rocket Number:**
Job Title:	**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. Please find the beginning and ending program dates listed below:

Main Campus PSA
Start: May 3, 2025
End: August 22, 2025

Health Science Campus
Start: May 4, 2025
End: August 23, 2025

Main Campus CWA & Hourly Classified Exempt
Start: May 10, 2025
End: August 15, 2025

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

Date effective: _____ (pay period beginning date)

Return to original: _____ (pay period ending date)

Current work hours ***per pay period***:_____

Requested work hours ***per pay period***: _____

I understand that my department director or chairperson, and Vice President 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 pro-rated 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

_____ _____
Department Supervisor Date

_____ _____
Department Director or Chairperson Date

_____ _____
Vice President Date

_____ _____
Appointing Authority Date

HR Use _____ _____ _____ _____
Hourly Rate PSA, CWA, AFSCME # pay periods tracked