

**ALVIN COMMUNITY COLLEGE**

**WORK TIME REDUCTION REQUEST**

The Alvin Community College Voluntary Work-Time Reduction Agreement is an alternate work schedule arrangement between the employee and the immediate supervisor. The arrangement is strictly voluntary and it will be up to the employee to initiate the request.

The employee's salary will be adjusted and pro-rated on an hourly basis for the work time off percentage; benefits of sick leave, vacation and holiday time will also be adjusted accordingly. All agreements must cover an entire fiscal year or the remainder of the fiscal year to be pro-rated in accordance with the date the request is submitted. Part-time or on-call employees are not eligible for the work time reduction agreement.

All requests are subject to final approval by the appropriate Dean and the President.

PART I: TO BE COMPLETED BY EMPLOYEE						
EMPLOYEE NAME:		EMPLOYEE ID:				
TIME PERIOD COVERED:	BEGINNING DATE:	ENDING DATE:				
REDUCTION IN: <i>(PLEASE SPECIFY ONE CATEGORY)</i>  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> HOUR(S) PER DAY HOUR(S) PER WEEK WEEK(S) PER MONTH MONTH(S) PER FISCAL YEAR					PLEASE SPECIFY	
EMPLOYEE SIGNATURE:		DATE:				

PART II: TO BE COMPLETED BY SUPERVISOR	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
IF NOT APPROVED, PLEASE PROVIDE RATIONALE <i>(ATTACH ADDITIONAL SHEET IF NECESSARY)</i>	
SUPERVISOR'S SIGNATURE:	DATE:
DEAN'S SIGNATURE:	DATE:
PRESIDENT'S SIGNATURE:	DATE:

SUBMISSION OF REQUESTS DUE TO THE APPROPRIATE DEAN AS FOLLOWS:  
 JULY 15 FOR FALL SEMESTER / NOVEMBER 15 FOR SPRING SEMESTER / MAY 1 FOR SUMMER