

UNIVERSITY OF MAINE
Application for Voluntary Reduced Schedule
For Non-Represented Employees,
UMPSA Unit Members and Classified Staff

Name: _____ MaineStreet ID: _____

Campus: _____ Department: _____

Years of continuous University service (full-time equivalent years): _____

I request a Voluntary Schedule Reduction to _____% full-time. I have read the policy on Voluntary Schedule Reduction and agree to its terms. This is a voluntary reduction, and I understand that I will not be eligible for Unemployment Compensation because of this reduction. I understand that I have no right to return to a full-time schedule unless a specific period for the reduction is agreed upon in writing at the time this application is considered for approval.

Date: _____ Signature: _____

Supervisor's Recommendation:

Date: _____ Approve Disapprove Signature: _____

Anticipated effect on department's work:

Reason (if recommendation is for disapproval):

Recommendations:

Date: _____ Approve Disapprove Signature: _____

Date: _____ Approve Disapprove Signature: _____

Decision of President or Designee:

Date: _____ Approve Disapprove Signature: _____