SAINT JOSEPH'S UNIVERSITY
VOLUNTARY REDUCTION IN WORK SCHEDULE REQUEST FORM

I have received a copy of the Saint Joseph's University Voluntary Reduction in Work Schedule Policy (the "Policy"). I understand that this Policy governs my eligibility for, as well as the other terms and conditions of my participation in, the Voluntary Reduction in Work Schedule Program ("Program") that is described in the Policy.

1. I understand that this is a voluntary Program and that I am under no obligation to request a reduced work schedule. Likewise, I understand that the University is not required to approve or accept my request to work a reduced schedule, nor is the University required to approve or accept the particular work schedule reduction I have requested. If the University accepts my request to work a Reduced Work Week or a Reduced Work Year, I may not revoke my offer or rescind my agreement to participate in the Program, including because of dissatisfaction with the reduced work schedule that was approved as requested.

2. I understand that the reduced work schedule requested by me and approved by the University will be effective as of June 3, 2013 and will remain in effect through fiscal year 2014, to be reevaluated in April 2014 for fiscal year 2015. Notwithstanding this, I understand that the University may at any time, for any or no reason, and with 30 days prior written notice, rescind or modify the Program, and/or my participation in the Program. I further understand that the University's approval of my participation in the Program is solely for the purpose of determining the schedule that I will work while employed by the University during the designated time frame and does not affect or modify my *status* as an at-will employee and that either the University or I may terminate my employment at any time, for any or no reason, and with or without prior notice.

3. By completing the following and signing below, I acknowledge that I have read and agree to the terms stated above and in the Policy and ask that the University accept and approve my request for a reduced work schedule.

The completed and signed form with all signatures affixed must be submitted to the Office of Human Resources by 5:00 p.m. on May 17, 2013 in order for the request to be eligible for the FY2014 VRWS Program.

Name: _____ Department Head Name: _____

Position: _____ Department: _____

Reduced Work Schedule Requested (Check One):

☐ I request to work a Reduced Work Week.

Specific Schedule Requested: _____

☐ I request to work a Reduced Work Year.

Specific Schedule Requested: _____

Employee Signature: _____Date: _____

TO BE COMPLETED BY THE UNIVERSITY

Decision:

Reduced Work Week: Employee requested to work a Reduced Work Week, and the request is:

☐ Approved and Accepted ☐ Denied

If approved, indicate the Employee's schedule: _____

_____

Reduced Work Year: Employee requested to work a Reduced Work Year, and the request is:

☐ Approved and Accepted ☐ Denied

If approved, indicate the Employee's schedule: _____

_____

Saint Joseph's University Approvals:

By: Department Head:

Name: _____

Signature: _____

Date: _____

By: Dean:

Name: _____

Signature: _____

Date: _____

By: Vice President/Provost:

Name: _____

Signature: _____

Date: _____

By: Vice President, Human Resources:

Name: _____

Signature: _____

Date: _____

The completed and signed form with all signatures affixed must be submitted to the Office of Human Resources by 5:00 p.m. on May 17, 2013 in order for the request to be eligible for the FY2014 VRWS Program.