

**REDUCED WORK TIME (TIME BASE CHANGE)  
 REQUEST AND AGREEMENT**

|  |                       |                        |
|--|-----------------------|------------------------|
| <b>Name:</b>   | <b>Division:</b>      | <b>Position #:</b>     |
| <b>Current Time Base:</b>  | <b>New Time Base:</b> | <b>Effective Date:</b> |
| <p><b>Scheduled Work Days and Hours</b><br/>                 (Check box for scheduled work days and enter number of hours scheduled)</p> <p> <input type="checkbox"/> Sunday ____ Hours                                          <input type="checkbox"/> Monday ____ Hours                                          <input type="checkbox"/> Tuesday ____ Hours<br/> <input type="checkbox"/> Wednesday ____ Hours                                          <input type="checkbox"/> Thursday ____ Hours                                          <input type="checkbox"/> Friday ____ Hours<br/> <input type="checkbox"/> Saturday ____ Hours                                          Scheduled Work Hours: ____ a.m. To ____ p.m.                 </p> |                       |                        |

This agreement is subject to the following conditions being met on a continuing basis:

- No disruption in public services and adequate coverage must be maintained.
- Assignments must continue to be completed in a timely manner and quality of the work must be maintained.
- Employee's work schedule does not interfere with normal interactions with supervisor, co-workers, or customers.
- Employee must ensure his/her accessibility to staff who maintain traditional work hours.
- Employee agrees to and follows the approved work schedule.
- Benefits such as sick leave, vacation, annual leave, and State service are earned at the level of the reduced time base.
- Changes to this agreement shall be made thirty days prior to the effective date and approved by management.

By signing this agreement I am certifying I have read the policy and agree to the terms and conditions.

|                              |              |
|------------------------------|--------------|
| <b>Employee's Signature:</b> | <b>Date:</b> |
|------------------------------|--------------|

**DIVISION APPROVALS**

|                                    |  |              |
|------------------------------------|--|--------------|
| <b>Supervisor's Signature:</b>     | <input type="checkbox"/> Approved <input type="checkbox"/><br>Denied | <b>Date:</b> |
| <b>Branch Chief's Signature:</b>   | <input type="checkbox"/> Approved <input type="checkbox"/><br>Denied | <b>Date:</b> |
| <b>Division Chief's Signature:</b> | <input type="checkbox"/> Approved <input type="checkbox"/><br>Denied | <b>Date:</b> |

**HUMAN RESOURCES BRANCH**

|  |  |
|--|--|
| <b>Personnel Specialist's Signature:</b> | <b>Modified CLAS/Employee Record and File in OPF</b> |
|  | <b>Date:</b>   |