

**SUPPLEMENTAL TIME OFF
 REQUEST AND AGREEMENT**

Name:	Division:	Position Number:
Effective Date of Agreement <i>(Beginning of pay period and cannot exceed 12 months):</i>		Anticipated Time Off <i>(Period which accrued State Treasurer's Office (STO) leave credits will be used):</i>
From:	Thru:	From: Thru:
<i>Under the Supplemental Time Off (STO) Agreement, the employee continues to work full time, per the period of agreement, and receive a reduction in pay according to time base. All Supplemental Time Earned (STE) must be used within the 12-month agreement period as stated above.</i>		

In accordance with Air Resources Board policy, I am requesting approval to participate in the Supplemental Time Off program as detailed above. I have read, understand and agree to the following terms and conditions of this request per Air Resources Board policy.

- I understand this requested change in time base is voluntary and that participation in the STO program is a privilege, not a right.
- I understand this agreement is subject to change/cancellation by the Air Resources Board. A 30-calendar day written notice prior to such change/cancellation is required unless a shorter period is mutually agreed upon by all parties. (STO balance remaining due to a change/cancellation will be compensated at straight time based on pay at the time it was earned).
- For the period of this agreement, I will continue working my current time base (i.e., full time) and receive a reduction in pay according to the temporarily reduced time base.
- Time earned under the STO agreement shall accumulate from month to month during the term of this agreement, may be used in the pay period in which it is accrued and all supplemental time earned must be used within the 12-month agreement period.
- I will not accrue overtime solely as a result of my STO schedule and overtime continues to require prior approval of my immediate supervisor.

Employee's Signature:	Date:
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DIVISION APPROVALS

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

HUMAN RESOURCES BRANCH

Personnel Specialist's Signature:	Modified CLAS/Employee Record and File in OPF
	Date: