



DEPARTMENT OF HUMAN RESOURCES

TO: All Permanent Employees

FROM: Mr. Fred Cratty, Chief Human Resources Officer

Fred Cratty

RE: Voluntary Schedule Reduction Program

DATE: April 14, 2016

Recently we were asked to remind all permanent employees of an existing state program known as the Voluntary Schedule Reduction Program. This program permits an employee to reduce their weekly work schedule or to take volunteer furlough days. Employees who participate in this program would not be paid for the time they take off, however they would continue to accrue benefits such as health and dental insurance, seniority, longevity, and vacation and sick leave as if they were still on their full-time schedule. Attached are detailed provisions of this program, as well as an application form, should you be interested in applying.

If you have any questions please feel free to contact me at 203-837-8665 or via email at crattyf@wcsu.edu.

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Voluntary Schedule Reduction Program

Sec. 5-248c-1. Definitions

The following terms shall have the following meanings for the purposes of sections 5-248c-1 to 5-248c-3 of the Regulations of Connecticut State Agencies:

(a) "Appointing authority" means a board, commission, officer, commissioner, person or group of persons having the power to make appointments by virtue of a statute.

(b) "Permanent employee" means an employee holding a position in the classified service under a permanent appointment or an employee holding a position in unclassified service who has served in such a position for a period of more than six months, except employees in positions funded in whole or in part by the federal government as part of any public service employment program, on-the-job training program or work experience program.

(c) "Schedule Reduction" means a voluntary reduction in the number of hours worked by an employee, by taking unpaid prescheduled individual or partial days off on an occasional basis, or by reducing the number of hours worked per week on a regular basis.

(Effective April 1, 1996)

Sec. 5-248c-2. Procedures for requesting a voluntary schedule reduction

(a) Any permanent employee may submit a request for a schedule reduction to the appointing authority, who shall promptly review it and notify the employee of the approval or denial of the request. All voluntary schedule reductions shall be recorded and identified in the time and attendance records of the Agency. Upon request of the Commissioner of Administrative Services and/or the General Assembly, Agencies shall be required to make reports regarding program usage.

(b) A written request shall include the starting and ending dates and the number of hours of leave requested. Days off or reduced hours under this program are without pay. The use of accrued time or compensatory time earned and accumulated pursuant to the provisions of any collective bargaining agreement or to an order of the Commissioner under Section 5-200 (p) of the Connecticut General Statutes is not a condition precedent to being granted a schedule reduction under these regulations.

(c) A schedule reduction shall not be granted if it would result in an employee falling below the threshold for eligibility for health insurance benefits.

(d) An employee in an Initial Working Test period is not eligible to participate in the Voluntary Schedule Reduction Program. Days off which are taken as a result of this program shall not be counted toward completion of a Promotional Working Test Period.

(Effective April 1, 1996)

Sec. 5-248c-3. Benefits

(a) Health and Life Insurance

During the period of any schedule reduction, an employee's health and life insurance shall continue on the same basis as prior to the schedule reduction.

(b) Seniority

An employee shall receive seniority credit for unpaid time as a result of a schedule reduction without pro-ration.

(c) Longevity

An employee shall receive full credit for longevity for unpaid time as a result of a schedule reduction.

(d) Vacation and Sick Leave Accruals

An employee on a schedule reduction shall continue to accrue vacation and sick leave at the same rate as prior to the schedule reduction, and shall not lose accruals for any month as a consequence of a schedule reduction.

(e) Holidays

An employee on a schedule reduction shall be granted time off with pay for any legal holiday which falls on a day when he would otherwise have been scheduled to work. If an employee is required to work on a holiday, he shall be granted a day off in lieu thereof. If a holiday falls on a day when an employee would not have been scheduled to work as a result of a schedule reduction, he/she shall receive pro-rata holiday credit at the rate of twenty percent(20%) of his scheduled weekly hours.

(f) Workers' Compensation

Any benefits to which an employee is entitled under Workers' Compensation Statutes shall not be affected by a schedule reduction.

(g) Overtime

(1) Payment of overtime during a schedule reduction shall continue in accordance with an employees' collective bargaining agreement or Section 5-245 of the Connecticut General Statutes.

(2) For the purpose of calculating overtime payment, schedule reduction hours shall not be counted as time worked.

(h) Retirement Benefits

An employee shall receive full credit for retirement for unpaid time as a result of a schedule reduction, and shall not be required to contribute any sums for that credit.

(Effective April 1, 1996)

State of Connecticut Department of Administrative Services
Request for Schedule Change under the Voluntary Schedule Reduction Program (VSRP)
(Governors' Request of March 2009 until further notice)

Form #: CT-HR-7c

REVISION DATE: 8/2009

In order to be eligible to participate in the VSRP, employees must: (1) meet the definition of 'permanent employee' as provided by C.G.S. §5-196, (2) ensure the hours worked in any given week equals or exceeds the minimum number of hours required for eligibility for health insurance benefits and (3) receive approval from the Agency Head/Designee prior to beginning leave under the VSRP. Employees are advised that leave taken under the VSRP will not be counted toward completion of the promotional working test period and the expiration date of such working test period will be extended by the equivalent number of days. The VSRP is not subject to the grievance or arbitration procedure. **Leave taken under the VSRP shall not be granted if the effect would be to incur overtime costs.**

Part I: To be completed by the employee requesting a schedule reduction under the VSRP

I am a permanent State employee and request to take unpaid voluntary leave pursuant to CGS §5-248c.

NAME: _____ AGENCY: _____
JOB TITLE: _____ DIVISION/OFFICE: _____
BARGAINING UNIT: _____ WORK LOCATION: _____
REQUEST IS MADE FOR THE PERIOD COVERING : _____ TO _____

Schedule Reduction Request: Select ONE option below and describe in detail how you wish to use the Program.

OPTION A

I am requesting to take sporadic individual full days off or partial days off without pay. (The days include days I am scheduled to work and do not include holidays.)

The actual day(s), hours and date(s) I am requesting off under the VSRP during this time period are as follows:
(Examples: Full day = Wed., 7/8/2009; Partial day = Wed. 7/8/2009 - 1:00 pm - 4:30 pm)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPTION B

I am requesting a reduction in scheduled weekly hours from _____ to _____

CURRENT HOURS OF WORK:

MONDAY – FR: _____ TO: _____	MEAL PERIOD: _____
TUESDAY – FR: _____ TO: _____	MEAL PERIOD: _____
WEDNES. – FR: _____ TO: _____	MEAL PERIOD: _____
THURSDAY – FR: _____ TO: _____	MEAL PERIOD: _____
FRIDAY – FR: _____ TO: _____	MEAL PERIOD: _____
SATURDAY – FR: _____ TO: _____	MEAL PERIOD: _____
SUNDAY – FR: _____ TO: _____	MEAL PERIOD: _____

REQUESTED HOURS UNDER VSRP:

MONDAY – FR: _____ TO: _____	MEAL PERIOD: _____
TUESDAY – FR: _____ TO: _____	MEAL PERIOD: _____
WEDNES. – FR: _____ TO: _____	MEAL PERIOD: _____
THURSDAY – FR: _____ TO: _____	MEAL PERIOD: _____
FRIDAY – FR: _____ TO: _____	MEAL PERIOD: _____
SATURDAY – FR: _____ TO: _____	MEAL PERIOD: _____
SUNDAY – FR: _____ TO: _____	MEAL PERIOD: _____

Special Notes: (These apply to both Option A and Option B)

- 1.) This request can cover a maximum period of time of three (3) months.
- 2.) Leave taken under the VSRP must be in increments of at least one hour.
- 3.) Unpaid meal periods are required when an employee works more than six hours per day. Meal periods must be scheduled mid-shift and must be at least 30 minutes in duration.

I understand the VSRP is optional on my part and on the part of my agency and that my agency's appointing authority/designee must approve my request before I may participate in the VSRP. I also understand this arrangement may be modified, amended or terminated at any time by written notification from the agency head, or designee, with or without cause.

Employee's Signature

Date

Part II – To be completed by the supervisor/manager/director of employee submitting request

☐ I RECOMMEND APPROVAL OF THIS REQUEST.

☐ I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE:

Supervisor's/Manager's/Director's Signature

Date

Part III – To be completed by the Agency Head/Designee

UNPAID TIME OFF SHALL NOT BE GRANTED IF THE EFFECT WOULD BE TO INCUR OVERTIME COSTS.

I have reviewed this request and have researched records to determine whether or not (a.) the employee requesting leave under the VSRP meets the definition of 'permanent employee' as provided by C.G.S. § 5-196, (b.) the days/hours requested meet the criteria established by Section 5-248c-1(c) of the Personnel Regulations, (c) the requested schedule will not result in the employee falling below the threshold for eligibility for health insurance benefits. My findings are as follows:

CIRCLE ONE:

☐ ALL CRITERIA ARE MET

☐ ALL CRITERIA ARE NOT MET

Further, if the employee is currently serving a promotional working test period, I have advised the employee that leave taken under the VSRP will not be counted toward completion of that working test period.

☐ I APPROVE THIS REQUEST.

☐ I AM UNABLE TO APPROVE THIS REQUEST BECAUSE:

Agency Head's/Designee's Signature

Date

FUNDING SOURCE OF POSITION (CIRCLE): General Federal Other: _____	
TOTAL ANTICIPATED HOURS WITHOUT PAY:	
EMPLOYEE'S HOURLY RATE OF PAY:	
TOTAL ANTICIPATED SAVINGS:	

cc: Personnel File

This form provided by the Department of Administrative Services