

Voluntary Work Schedule Adjustment Program (VWSAP)

VWSAP is a mutually agreed upon arrangement that allows an employee to voluntarily take unpaid time off for a portion of the pay period (Plan A) or year (Plan C). Banked Leave Time (BLT) hours must be exhausted prior to use of unpaid Plan A or Plan C hours.

Eligibility

Non-exclusively represented employees, SEIU 517M S&E, HSS, and Technical Bargaining Units, UAW and MSEA represented employees are eligible to participate in VWSAP.

Full-time employees who have satisfactorily completed the first 720 hours of their initial probationary period are eligible to participate in the VWSAP Plan A with supervisory approval. Full and part time employees who have satisfactorily completed their initial probationary period may participate in Plan C with supervisory approval. Permanent Intermittent employees are not eligible for Plan C. Employees will not incur a break in service by voluntarily participating in Plan A or Plan C.

Hours taken under Plan A or Plan C may count against an employee's leave entitlement under the Family and Medical Leave Act (FMLA), if taken for an FMLA qualifying purpose.

Participation may impact deductions for Deferred Compensations Plans, 457 or 401K. Employees may adjust the amount of their deductions by contacting ING @ 1-800-748-6128.

Plan A Reduction of Hours

Plan A allows employees to take hours off work unpaid. Retirement service credits, longevity compensation, step increases, employment preference, holiday pay, and annual and sick leave accruals will continue as if the employee had worked and received pay for the Plan A hours. Premiums, coverage and benefit levels for insurance programs (including LTD) in which the employee is enrolled will not be changed as a result of participation in Plan A.

Plan A Single Pay Period

Employees may request up to 40 hours of Plan A time in a single pay period in lieu of using annual leave. This option may only be approved once during a fiscal year.

Plan A Multiple Pay Period

Employees may reduce the number of hours worked per pay period by up to sixteen hours. Requests may be for any number of pay periods. The schedule may be constant or may vary from pay period to pay period. However, a new form is required for any change in the number of hours requested per pay period.

Plan C Unpaid Leave of Absence

Plan C leaves are for a minimum of 80 hours and no more than three months. An employee's share of insurance premiums must be pre-paid prior to beginning a Plan C leave. Accumulated annual and sick leave balances will be frozen for the duration of the leave.

**STATE OF MICHIGAN
VOLUNTARY WORK SCHEDULE ADJUSTMENT AGREEMENT**

Name _____ ID# _____ Classification _____ Bargaining unit _____

Agency _____ Work location _____ Work phone _____

In accordance with the voluntary work schedule adjustment agreement, I request the following voluntary change in conditions of my employment. I understand that my supervisor and I must agree in writing on my work schedule.

___ **Plan A Single pay period in lieu of annual leave use** (up to 40 hours in a single pay period per fiscal year)
PPE _____ Total hours reduction for the pay period _____

Proposed work schedule (hours in pay status per day)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs/PP

___ **Plan A Multiple pay period reduction of hours** (limit 16 hours reduction per pay period)
Start date _____ End date _____ Total hours reduction per pay period _____

Proposed new work schedule, (hours in pay status per day)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs/PP

___ **Plan C Unpaid leave of absence** (Maximum period 3 months)
Unpaid leave of absence beginning _____ and ending on _____
By signing this Plan C agreement I understand that during this leave of absence I may elect to continue my present State-sponsored group insurance coverage by pre-paying my present share of the premium prior to departure.

Cancellation of Agreements: An agreement under this program can be terminated by the department upon ten (10) working days' notice in writing to the employee. Such termination shall not be grievable. The employee may terminate this agreement upon ten (10) working day's notice in writing.

Employee's Signature _____ Date _____

A description of the details of each Plan, including eligibility requirements can be found on the reverse of this Agreement.

Approved ___ Denied* ___
Supervisor Name _____ Signature _____ Date _____

Approved ___ Denied* ___
Division/Bureau Director Name _____ Signature _____ Date _____

Approved ___ Denied* ___
Appointing Authority Name _____ Signature _____ Date _____

*Please attach brief explanation if denied

For Personnel Office Use Only

Employee ID Number _____ Plan Code _____ Hrs. Deferred _____ Ending Date _____

One copy to be retained by employee, one by the supervisor and one forwarded to Human Resources.