



Reduced Load/Fractional Load Request Form

This form must be received in HR prior to the first of the month of effective date of request.

Faculty

Staff

Employee ID: _____

EMPLOYEE INFORMATION

Given Name(s): _____ Initial(s): _____ Surname: _____

Location (building):

Position/Position
Number or Rank:

Supervisory Org: Name:
Number:

Type of Appointment (To be completed by Faculty only)

Definite Term

Probationary Term

Tenured/Continuing

DETAILS OF REQUEST:

Current Hours per Week:

Reduced Hours per Week: (max 50% reduction)

Faculty Only: % of Total Load:

New Work Schedule (include days and hours per week):

Reason for Request/Comments:

Temporary Reduced Workload

Begin Date:(MM/DD/YYYY)

End Date: (MM/DD/YYYY)

OR Reduced Workload to Retirement

Begin Date:(MM/DD/YYYY)

End Date: (MM/DD/YYYY):

***The latest date I shall be retiring from the University is**

**If a retirement date has been declared under the Vacation Exchange Program, this date must be the same.*

APPLICANT:

Print Name _____ Signature** _____ Date _____ Phone Extension _____

****My signature indicates that I have reviewed the impact of this request on my pension and benefits with Human Resources and am aware of the Income Tax Act limitations regarding pension plan contributions. I understand that I can elect to retire earlier than the declared date, but no later than the declared date of retirement. I understand that my salary and vacation will be adjusted proportionately to reflect reduction of work. I have read and understand the terms in Policy 59 and understand that a reduced load to retirement is a special appointment with respect to participation in UW pension and benefit plans.**

APPROVALS/AUTHORIZATIONS (A period of time longer than 4 months requires the approval of the Dean/Associate Provost/Vice-President/Associate Vice President. A Reduced Workload to Retirement requires the approval of the Vice-President Academic and Provost.)

Chair/Department Head Signature _____ Print Name _____ Date _____

Dean/Associate Provost/Vice-President/Associate Vice President _____ Print Name _____ Date _____

Vice-President Academic and Provost _____ Print Name _____ Date _____

HUMAN RESOURCES USE ONLY:

Reduced Workload/Fractional Load FTE: _____ Initials: _____