



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 Workload/Fractional Load Hours per Week: (maximum 50% reduction) _____	Faculty Only- Percentage of Total Load: _____
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 _____
<i>*If a retirement date has been declared under the Vacation Exchange Program, this date must be the same.</i>

APPLICANT:

Print Name _____	Signature** _____	Date _____	Phone Extension _____
<p>**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.</p>			

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: _____
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