

# 2009-2010 JOB REDUCTION PROGRAM

## EXPRESSION OF INTEREST

I have an interest in reducing the amount of time that I am at work. I have indicated my interest below:

I would like to change the number of months that I work at the College per fiscal year. I wish to reduce my time from \_\_\_\_\_ number of months to \_\_\_\_\_ number of months.

I would like to change the number of hours that I work per week. I currently work \_\_\_\_\_ hours per week and wish to reduce it to \_\_\_\_\_ hours per week.

Below is an explanation of why I think this change is manageable:

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I believe the following work functions will need to be modified, eliminated, or given to someone else in order for me to change my work schedule:

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Name (please print): \_\_\_\_\_

Make two copies of this request – send the original to your supervisor, a copy to the Office of Human Resources and keep a copy for yourself.

**To be completed by your supervisor, department director/head and a member of the human resources department**

- Approved
- Not approved. If not approved, list reason: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dept. Director/Head \_\_\_\_\_ Date \_\_\_\_\_

HR Representative \_\_\_\_\_ Date \_\_\_\_\_