HAMLINE UNIVERSITY

Voluntary Time Off Without Pay Program
Days To Be Taken Form

_____ _____
Employee Name Employee ID Number

_____ _____
Department College (if applicable)

(Please check the appropriate employee classification) _____ Faculty _____Staff

Please complete the chart below by identifying the actual dates, total number of days and pay period in which the time off will be taken.

Dates of Time off Without Pay	Number of Days	Pay Period Affected

This request is being made with the following understandings:

1) I have received and read a copy of the *Voluntary Time Off Without Pay Program* document.
2) The dates and pay period(s) in which I will take time off without pay is completed on the chart above.
3) I will not perform any work on the date(s) I have identified as day(s) I will take time off without pay.

4) I understand my paycheck, for the pay period(s) affected, will be reduced by the number of days I have identified as time off without pay.
5) My benefits will continue according to the terms and conditions of my current appointment provided I continue to pay my portion of the premium payments.
6) Hamline will continue to provide an employer and, if applicable, matching retirement contributions to my retirement account, but it will be based on the reduced salary paid during the pay period in which I have taken time off without pay.
7) I am voluntarily making this request, and understand that I can schedule the time off with the approval of my supervisor for up to ten (10) work days under the detailed guidelines outlined in the Plan Summary.
8) The time off without pay must be taken in full day increments.
9) My participation in this Voluntary Time Off Without Pay Program is voluntary and will not be considered a break in service.
10) My participation does not exempt my position from workforce reductions, organization restructuring or workload adjustments.
11) Hamline University reserves the right to amend or terminate the *Voluntary Time Off Without Pay Program* at any time with a thirty (30) day notice.

Acknowledgment

I voluntarily request to take time off without pay as indicated above. I understand my request for time off is mutually agreed upon by my supervisor and me, and cannot be changed without our mutual consent.

_____ _____
Employee Signature Date

Approved By:

_____ _____
Supervisor/Department Chair Date

Please submit the completed, signed form to the Human Resources Office, MS-C1904, no later than the timeline identified below:

Employee Group	***Deadline***
Faculty	20th day of the month for 1st pay period affected
Exempt (Salaried) Staff	20th day of the month for 1st pay period affected
Non-Exempt (Hourly) Staff	Web Entry Deadline for 1st pay period affected

For HR Use Only: ☐ Copy to Payroll
☐ Date _____
☐ Initials _____