

Acknowledgment

I voluntarily submit this form confirming my intent to participate in the Voluntary Time Off Without Pay Program. I understand my request for time off will be mutually agreed upon by my supervisor and me, and cannot be changed without our mutual consent. The Vice President of the area in which my position works, if none, the person reporting directly to the President with responsibility over my area, will provide final approval.

Employee Signature

Date

Approved By:

Supervisor/Department Chair

Date

Dean

Date

Vice President/President's Direct Report

Date

In an effort to help with departmental and budgetary planning purposes, we are asking for the completed, signed Intent To Participate Form to be submitted by May 31, 2012.

*Please submit completed, signed form to:
Human Resources Office
MS-C1904
Room 012 Old Main Building*