



VOLUNTARY COST SAVINGS PROGRAM

POLICY NUMBER: 200-10	EFFECTIVE DATE: 11/2/2009	APPOINTING AUTHORITY APPROVAL: <i>J. L. Quinn</i>
REPLACES POLICY DATED: 2/9/2009	AUTHORITY: ORC 124.392; OAC 123:1-34-10; OCSEA Contract, Appendix R	

I. PURPOSE

The purpose of the Voluntary Cost Savings (VCS) program is to allow the Department of Administrative Services (DAS) to reduce costs. The program provides eligible DAS employees the opportunity to reduce their schedule or be in a no pay status for a period of time without reducing certain benefits or requiring them to exhaust paid leave. The VCS program is made available primarily during periods of economic budgetary constraints as determined by DAS.

II. POLICY

A. GENERAL PROVISIONS

1. Participation in the VCS program is strictly on a voluntary basis.
2. DAS employees shall not be requested or coerced into reducing their schedule or taking leave.
3. Participation in the VCS program must be mutually agreed to by the employee and the employee's supervisor/manager.
4. Participation in the VCS program cannot create any overtime or comp time for the requesting employee or any other employee as a result of a request being approved.
5. Participation in the VCS program will not affect an employee's vacation, sick or personal leave accruals. Retirement contributions may be affected.
6. Participation in the VCS program on a day contiguous to a holiday does not affect holiday pay.
7. Participating employees are not eligible to receive unemployment benefits during unpaid leave and/or work reduction periods.
8. The VCS program will not supplant or replace existing leave benefits available to DAS employees.
 - a. Compliance with existing provisions of any collective bargaining unit agreements shall be maintained.

9. DAS may discontinue this program upon providing thirty days' notice.
10. For bargaining unit employees, this Voluntary Cost Savings Program Procedure shall be considered a pilot program and will expire February 29, 2012, unless authorized by a successor agreement. If authorized by a successor agreement, this Voluntary Cost Savings Program Procedure will remain effective for all employees until updated, canceled, or suspended.

B. ELIGIBILITY

1. All DAS full-time or part-time permanent exempt and bargaining unit employees are eligible to participate in the VCS program.
2. Eligible employees must have successfully completed any required initial or promotional probationary period.
3. Participation in the program shall be strictly voluntary.

C. PLAN OPTIONS

1. Eligible employees may choose from two (2) plan options and may utilize both plans during the same fiscal year.

a. Plan A: Reduction of Hours

- Eligible full-time exempt or bargaining unit employees may reduce their number of hours worked by no less than eight (8) hours, but no more than forty (40) hours per pay period.
- Any insurance program in which the employee is currently enrolled at the time of entering into the VCS program is continued without change in coverage, benefits or premiums.
- Employees shall not incur a break in state service and will be treated as full-time employees for purposes of calculating retention points.
- Leave cannot exceed five hundred twenty (520) hours in a fiscal year or for a total of six (6) months, whichever comes first.

b. Plan B: Unpaid Leave of Absence

- Eligible full-time or part-time permanent, exempt or bargaining unit employees may take unpaid leaves of absence in blocks of time no less than two (2) weeks and up to a maximum of thirteen (13) work weeks within a fiscal year.
- Employees shall not incur a break in service and will be treated as their regular appointment type for purposes of

calculating retention points as long as the employee returns to employment.

- Participating employees are responsible for their share of insurance premiums for all insurance programs in which they are enrolled at the time of the leave. It is the employee's responsibility to make payment arrangements with their division payroll officer prior to the leave commencing. The state's share of the premium will be maintained.

III. LEAVE APPLICATION and APPROVAL PROCESS

- A. Employees who desire to participate in the VCS program must complete and submit a signed VCS Plan Agreement to their supervisor/manager thirty (30) calendar days prior to the commencement of leave or a reduced schedule.
(Use VCS Agreement form)
- B. The supervisor/manager shall document the following on the Division Management Recommendation (DMR) form and attach to the VCS Agreement submitted for approval:
 1. any organizational hardship the leave will create for the organization
 2. any overtime or comp time costs that would be incurred for the requesting employee or any other employee as a result of the leave or reduced schedule
 3. any other costs that might be incurred as a result of the requested leave
 4. check appropriate recommendation box, sign and date the form
- C. The signed employee's VCS Agreement along with the DMR form shall be submitted to the division/office Deputy Director.
- D. Upon receipt of a VCS request the Deputy Director shall:
 1. review and evaluate the employee's request and the supervisor/manager's recommendation
 2. make a recommendation determination and check the appropriate recommendation box
 3. sign and date the form
- E. The Deputy Director shall submit the employee's VCS Agreement along with the completed DMR form to the Director of DAS or designee within three (3) days of receipt for final approval.
- F. The thirty (30) day notice requirement may be waived by the Director of DAS or designee, and a minimum of fewer than thirty (30) days advance notice may be authorized.

- G. The VCS Plan Agreement must be signed by the Director of DAS or designee for the plan to become effective.
- H. The employee shall be notified of the status of their request no later than seven (7) calendar days before the effective date of the leave or reduced schedule.
- I. The Director or designee must ensure that any impact on operations is minimal and that additional costs do not result.
- J. The Director or designee, has sole discretion at any time to approve or deny an employee's VCS leave request. Denial of a bargaining unit employee's VCS request shall not be grievable.
- K. The Director or designee may terminate a VCS program agreement by providing ten (10) working days written notice to the employee. Such termination for a bargaining unit employee is not grievable.
- L. An employee may terminate a VCS program agreement upon ten (10) working days notice in writing to the Director or designee, unless mutually agreed to otherwise.

IV. REVISION HISTORY

Date	Description of Change
2/09/2009	Initial Policy Release
11/02/2009	Update for revisions in statutes and bargaining unit contract (Sections II-A-5,6,10; II-C-1-a; II-C-1-b)

**Department of Administrative Services
Voluntary Cost Savings Program Agreement**

Employee Section:

Employee's Name:	Employee's Status <i>(check all that apply):</i> <input type="checkbox"/> Exempt <input type="checkbox"/> Bargaining Unit <input type="checkbox"/> Full-Time Perm. <input type="checkbox"/> Part-Time Perm. <input type="checkbox"/> Non-probationary
Division/Institution/Office:	
Estimated Cost Savings \$ _____ (hourly rate multiplied by number of hours in VCS plan)	

In accordance with section 123:1-34-10 of the Administrative Code or Appendix R of OCSEA contract, I am voluntarily requesting to participate in the following VCS plan:

Reduction of Hours (full-time employees only)

I agree to a reduced work schedule beginning _____ (date) and ending _____ (date).

Total number of hours reduced _____

I understand that my supervisor and I must agree in writing on my work schedule.

Unpaid Leave of Absence (Minimum 2 weeks – Maximum period of 13 weeks)

I agree to take an unpaid leave of absence beginning _____ (date) and ending _____ (date).

Cancellation Policy: An agreement under this program can be terminated by the department upon ten (10) working days' notice in writing to the employee. Such termination shall not be grievable/appealable. The employee may terminate this agreement upon ten (10) working days' notice in writing unless mutually agreed to otherwise.

I hereby acknowledge that I am NOT eligible to receive unemployment while participating in this program.

Employee Signature: _____ **Date:** _____

FOR AGENCY USE ONLY:	
Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:	
Date:	
Appointing Authority Signature:	

