

Voluntary Cost Savings Program Agreement
SAMPLE AGREEMENT

Employee's Name:	Employee's Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Bargaining Unit
Division/Institution/Office:	
Estimated Cost Savings\$_____	
(hourly rate including fringe costs, multiplied by number of hours in VCS plan)	

In accordance with section 123:1-34-10 of the Administrative Code, 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).
 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:	