Reduced Winter Hours Application
Human Resources
University of Kentucky

Date _____

Employee Name	Person I.D.	Position	Dept./Div./College
_____	_____	_____	_____

Complete **Section A** to apply for a temporary reduction in hours and **Section B** for a temporary unpaid leave request. (Reduced hours must begin at the start of a payroll period.)

A. <u>Reduction in full-time equivalency (FTE)/Reduced Hours</u>

Current FTE _____
Requested FTE reduction _____
Proposed Work Schedule _____
Date reduction will begin _____
Date reduction will end _____

Note: Pay rate will be reduced on a pro-rated percentage relative to the FTE reduction. Vacation, TDL, and holiday will accrue on a pro-rated percentage relative to the FTE reduction.

B. <u>Unpaid Leave Request</u>

Date leave will begin _____
Date leave will end _____
Date & time employee will return to work _____

Note: Employee paid health benefits premiums will be caught up retroactively when the employee returns to active status. Contact the Employee Benefits Office for details.

Vacation and temporary disability leave (TDL) will not accrue during this time period. An employee on leave without pay will not be entitled to holiday leave.

Supervisor Signature	Date	Employee Signature	Date
_____	_____	_____	_____

Originals to: Department Business Officer
Copies to: Human Resources Offices of Work-Life, 106 Scovell Hall, 0064

9/13/10