

**DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
Bureau of Human Resources**

June 6, 1994

HUMAN RESOURCES MEMORANDUM 4-94

TO: Agency/Department Heads, Personnel Managers, Directors of
Administrative Services

SUBJECT: Voluntary Cost Savings Program - Fiscal Year 1994-1995

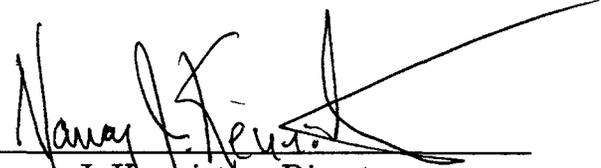
Departments and agencies are reminded that the Voluntary Cost Savings Programs that are defined by Human Resources Memorandum 10-93 are available for participation through June 30, 1995.

The program information and position processing instructions that are provided by Human Resources 10-93 are unchanged.

Please continue to use the 1993-1995 Application Form.

A new Voluntary Programs Worksheet has been developed for the 1994-1995 Fiscal Year. The new Worksheet includes some minor modifications.

A supply of the revised Voluntary Programs Worksheet Form and of the 1993-1995 Application Form is provided with this Human Resources Memorandum.


Nancy J. Kenniston, Director
BUREAU OF HUMAN RESOURCES

enclosures: Fiscal Year 94-95 Voluntary Programs Worksheet Forms
1993-1995 Application Forms

Fiscal Year 1994 - 1995
 Voluntary Programs Worksheet
 Bureau of Human Resources
 Department of Administrative and Financial Services

EMPLOYEE IDENTIFICATION PART 1

Employee Name		Employee Number
Department Name		Department Number
Job Class Title	Job Class Code	Position Number

PROGRAM IDENTIFICATION PART 2

Reduced Workweek
 Shared Position
 Position Leave
 Sporadic Days Off

Begin Date	End Date	Duration in Hours
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PERSONAL SERVICES SAVINGS PART 3

C & O Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
TOTALS					

APPROVALS PART 4

Approved as Submitted by the Employee
 Modified
 Denied

Prepared By:	Date:
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Submit to the Bureau of Human Resources for every Approved, Denied, or Changed request. **READ THE INSTRUCTIONS ON BACK**

1993 - 1995 APPLICATION
Voluntary Cost Savings Program
(available for participation through 6/30/95)

1. To be completed by the employee. (If you wish to participate in more than one program, use a separate application for each program.)

Name	Social Security #	Job Title
Home Address (City, State, ZIP)	Department:	
	Bureau/Institute:	
	State House Station #:	
Home Phone	Work Phone	

INSTRUCTIONS

1. Complete the section of this application for the program that you are interested in. Be sure to include all dates and work hours. Direct questions to your Department's personnel office.
2. Submit this application to your supervisor.
3. Sign and date your application in the space provided at the end of Part 1.

VOLUNTARY REDUCED WORKWEEK

(Definition : Current workweek schedule reduced to provide less than 40 but at least 20 hours per week.)

I would like to reduce my current workweek from _____ hours to _____ hours for the calendar period starting _____ and ending _____.

SPORADIC DAYS OFF

I would like to participate in this program from _____ to _____ and during this period I plan to take _____ days of leave without pay.

(Note: Days of must be taken in whole work days. The same work days off each week or pay period can not be requested under this program. Requests for the same pattern of days off each week or pay period will be treated as a reduced workweek. Sporadic days off may be consecutive, up to a maximum of 5 days per pay period. Specific days off must be pre-approved by the supervisor involved.)

UNPAID LEAVE

(Definition : Unpaid leave for more than one week.)

I would like to be placed on unpaid leave from _____ to _____.

FLEXIBLE POSITION STAFFING

(Definition : A single full-time position shared by two full-time employees so that each works 20 hours or the equivalent of 20 hours per week.)

I and _____ would like to share the full-time position held by _____.
 The full-time hours of this position will be shared from _____ to _____ as follows:

Position to be shared by each working 20 hours per week.

Other arrangements as follows : _____

(Note : Each employee must complete an application for this program and both applications must be processed together.)

EMPLOYEE SIGNATURE

Employee Signature

Date

IMPORTANT : Submit this signed application to your supervisor.

APPROVALS

Part 2. To be completed by employee's supervisor and forwarded to the departmental personnel officer.

I recommend approval of this request.

I am unable to recommend this request because _____

I recommend that the employee's request be modified as follows : _____

Supervisor's Signature

Date

Part 3. To be completed by appointing authority or designee.

The employee's request is approved as requested.

The employee's request is disapproved because _____

The employee's request has been modified and approved as follows : _____

Appointing Authority Signature (or designee)

Date