## **VOLUNTARY REDUCED WORKWEEK (VRW) REQUEST FORM 2021/2022 FISCAL YEAR**

| Please submit completed received after this date car   |  |                             | March 19, 2021. Applications tional requirements.                         |
|--|--|-----------------------------|---|
| Employee Name:   | Employee Number:                                     |                             |   |
| Employee Department:<br>Please indicate if you are:  | Employee Classification:<br>Full-time or Part-time   |                             |   |
|  |  |                             | y(s) to a maximum of twenty (20) ct to approval by the Department.        |
| Requested VRW day: day   | y/month/year   |                             |   |
|  |  |                             |   |
|  |  |                             |   |
| I have read and understan  | d the information regardi                            | ng the Voluntary Reduce     | d Workweek program.   |
| If one or more VRW days is approved, I understand and agree to the following:  |  |                             |   |
|  | be adjusted to reflect the ng the period of May 7, 2 |                             | RW day(s) by reductions in my bi-   |
| will take. Subject t   |  | oloying authority, the spe  | number of approved VRW days that I cific dates of the approved VRW 2022.  |
| <ul> <li>The approved VRW day(s) will be treated as a regular working day for the purposes of pension, group life<br/>insurance, and accumulated service calculations.</li> </ul>  |  |                             |   |
| <ul> <li>Where operationally necessary, the Department may direct, with appropriate notice that I work on a previously approved VRW day. In that event, an alternate mutually acceptable VRW day will be selected in the fiscal year.</li> </ul> |  |                             |   |
|  |  |                             | e program in writing within two (2)<br>derpayment will be adjusted by the |
| <ul> <li>If I leave the emplo<br/>adjusted by the De</li> </ul>  |  | nment, any related overpa   | ayment or underpayment will be  |
| Date   | Employee Signature                                   |                             |   |
| FOR DEPARTMENT USE   | ONLY   |                             |   |
| No. of days requested:<br>Dates approved as req  |  | denied: Total ap            | oproved no. of VRW days =   |
| Dates of VRW days appro  | ved <u>if varied or denied</u> :                     |                             |   |
| Date:  |  |                             |   |
| Department Signature:  | Em   | nployee Signature (if varie | ed):  |
| Please submit all completed forms (approved or denied) to Pay and Benefits: hrsc5@gov.mb.ca or mail to 1012A – 401 York Avenue, Winnipeg, R3C 0P8  |  |                             |   |
| For Pay & Benefits Use Only:   |  |                             |   |
| <b>x</b> =<br># days daily hrs tota  | <b>x</b> =<br>I hrs VRW rate                         | _ ÷ 24 = (bi-w              | eekly deduction)  |

(IT-14)