

## **4 DAY PAY REDUCTION**

I, the undersiq	igned, agree to receive:	
	5 days off for 4 days	
I would like to	o have the reduction in pay based on the following:	(please check one)
	A lump sum payment to be deducted(indicate w	hich pay period)
	Payroll deduction spread over 26 pay periods (Ap	oril to March.)
I agree that I will take these days off before the end of the fiscal year; otherwise, they will be paid back to me at the rate of pay at which the reduction was made. I also confirm that I do not have unused vacation.  NAME:		
	E:DATE:	
Please submit this form to your Supervisor for approval.		
THIS EMPLOYEE WILL NOT BE REPLACED WHILE ON VOLUNTARY LEAVE. Replacing the absent employee with part-time hours is not regarded as a cost saving.		
SUPERVISO	DR'S SIGNATURE:	DATE:
TO ENSURE THAT YOUR DEDUCTION WILL BE SPREAD OVER 26 PAY PERIODS, PLEASE RETURN THIS FORM TO HUMAN RESOURCES SERVICES		

BY MARCH 15, 2024. FORMS RECEIVED AFTER THIS DATE WILL HAVE THE DEDUCTIONS SPREAD OVER THE NUMBER OF PAY PERIODS REMAINING UNTIL THE LAST PAY PERIOD IN MARCH.