

INDIANA STATE UNIVERSITY
REDUCED HOURS SCHEDULE
 For Non-Exempt Employee

This form should be completed by the employee and approved by the employee's supervisor.
 Please return completed form to the Human Resources Department, 3rd floor Rankin Hall.

Employee Name: _____ Department: _____

University ID: _____

The reduced hours schedule is being requested effective Date: _____ to _____

An employee choosing to work a reduced hour schedule is taking advantage of the ability to reduce the number of hours worked in a work week without using any vacation benefits. The decision to allow employees to participate is based on the department heads approval after having the discussion with their vice president. Choosing a reduced hour schedule will not impact the employee's insurance benefits. Other benefits such as sick leave, vacation accrual and PERF will be adjusted based on hours worked and dollars paid.

| | <u>MORNING</u> | | <u>LUNCH</u> | | <u>AFTERNOON</u> | | <u>TOTAL HOURS WORKED DAILY</u> |
|------------------|----------------|-----|--------------|-----|------------------|-----|-------------------------------------|
| <u>Monday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Tuesday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Wednesday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Thursday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Friday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Saturday</u> | From: | To: | From: | To: | From: | To: | |
| <u>Sunday</u> | From: | To: | From: | To: | From: | To: | |
| | | | | | | | <u>TOTAL HOURS WORKED</u> _____ |

By signing the employee realizes and agrees to the terms of working a reduced hour schedule as outlined above.

Employee _____ Date: _____

Supervisor Signature: _____ Date: _____

HR AVP or Designee: _____ Date: _____

Please return to Human Resources, 3rd Floor Rankin Hall