

## HUMAN RESOURCES POLICY

**Title:** Voluntary Reduction

**Approval:** Associate Vice-President, Human Resources

**Effective Date:** September 1, 2009

**Next Review:** July 1, 2011

**APPLICATION/ELIGIBILITY:** This policy applies to all Administrative, Professional and Exempt Staff who 1) qualify for extended health and dental benefits; and 2) are not covered by a collective agreement. Unionized staff members should refer to the leave provisions provided for in their collective agreement.

**INTRODUCTION:** The Voluntary Reduction (VR) program has been in place since the late 1990's after employees expressed interest in the continuation of a similar program imposed by the Provincial Government during the Social Contract. VR allows eligible staff members to purchase additional time off in a particular year and to spread the cost of this time off over all or part of the calendar year in which the leave is taken.

**ENTITLEMENT:** Subject to the approval and other criteria outlined in this policy, eligible staff members may purchase a maximum of twenty (20) working days of VR each year - this maximum number of days shall be prorated for part-time and seasonal staff members based on actual hours worked each year (e.g. half-time staff members may purchase a maximum of ten (10) full days of VR). VR days must normally be purchased in five (5) days blocks; however, consideration will be given to requests for smaller increments as long as the increment is at least one full working day.

**APPLICATIONS:** Interested and eligible employees must apply annually using the application form that is attached to and which forms part of this policy.

**APPLICATION DEADLINE:** In order to accommodate necessary departmental planning and approval for VR requests, eligible staff members must apply annually by the November 30<sup>th</sup> prior to the calendar year in which the time will be purchased and used. Consideration will be given to applications received after this deadline in circumstances where the request results from unexpected circumstances (i.e. circumstances that became known to the employee after the November 30<sup>th</sup> deadline). Late applications are subject to the same criteria as other applications as outlined in this policy.

**APPROVAL CRITERIA:** Requests for VR must be approved by the employee's supervisor, the appropriate unit/division head(s), and Human Resources. Approvals are obtained by having the appropriate authorities sign the completed application form attached to this policy.

Departments have an obligation to provide the highest level of service possible to students and the University Community in general. To ensure this level of service, the University must meet certain operational requirements, including having a sufficient number of staff available to properly fulfill these requirements. Requests for VR should consider these obligations and requirements and may be denied if service is adversely affected and/or if operational requirements are not able to be met.

**COST OF PURCHASING VR:** The cost is 2% of the staff member's nominal annual salary for each five (5) day block of VR purchased. The cost of VR purchased must be paid for in the calendar year in which it is taken, except in the case of a seasonal or limited term (contract) appointment – in these cases, VR may be purchased and used during the seasonal appointment period or over the duration of the limited term contract. The total cost of VR purchased will be spread out over the year in which it is taken and deducted from the staff member's pay in monthly installments.

**EFFECT ON PENSION & BENEFITS:** The staff member's extended health, dental, life insurance, AD&D insurance, LTD coverage, and pension contributions will not be affected as a result of purchasing up to twenty (20) days of voluntary reduction in any given calendar year.

**SCHEDULING OF VR:** VR is to be scheduled and used in the same manner as vacation. That is, scheduled time off must be mutually agreed to by the staff member and their supervisor in accordance with normal departmental procedures.

**GENERAL:** This policy is intended to comply with the provisions of any relevant and applicable legislative requirements. If this policy conflicts with the provisions of any relevant and applicable legislation, the legal requirements set forth in the legislation will prevail. Should you have any questions regarding the applicability of this policy, please contact the Office of Human Resources and Environment, Health & Safety.

**VOLUNTARY REDUCTION (VR) APPLICATION FORM  
(ADMINISTRATIVE/PROFESSIONAL AND EXEMPT STAFF)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please indicate the number of days of Voluntary Reduction (VR) requested:

\_\_\_ 1 week (5 days) \_\_\_ 2 weeks (10 days) \_\_\_ 3 weeks (15 days) \_\_\_ 4 weeks (20 days)

If you are requesting another option not included above, please describe the amount of VR requested below – requests may not exceed 20 working days per year (pro-rated in the case of seasonal and part-time staff members):

\_\_\_\_\_  
\_\_\_\_\_

If you are permanent part-time or seasonal part-time, please indicate the number of hours worked each week (e.g. if you are employed half-time on the 35 hour/week salary schedule, you would report 17.5 hours):

I am employed \_\_\_\_\_ hours per week.

If you are an eligible limited term (contract) employee whose contract starts and ends in the middle of a calendar year (e.g. July 1<sup>st</sup> to June 30<sup>th</sup>), please indicate the proposed period of time during which you intend to purchase and use VR.

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

**Signatures and Authorization/Approval:**

By signing below, the employee acknowledges they have read and understood the VR policy, and that the cost associated with purchasing VR will be deducted from the employee's salary in accordance with this policy:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

By signing below, the Supervisor and Dean/Division Head acknowledge receipt and approval of the request:

\_\_\_\_\_  
Supervisor(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Division Head

\_\_\_\_\_  
Date

By signing below, the HR-EHS representative acknowledges this application has been received and approved by the Supervisor and Dean/Division Head and is consistent with the terms of the VR policy:

\_\_\_\_\_  
HR-EHS

\_\_\_\_\_  
Date

**NOTE: If a supervisor is contemplating denying a VR request, Human Resources & Environment, Health and Safety staff should be consulted prior to communicating with the employee.**