

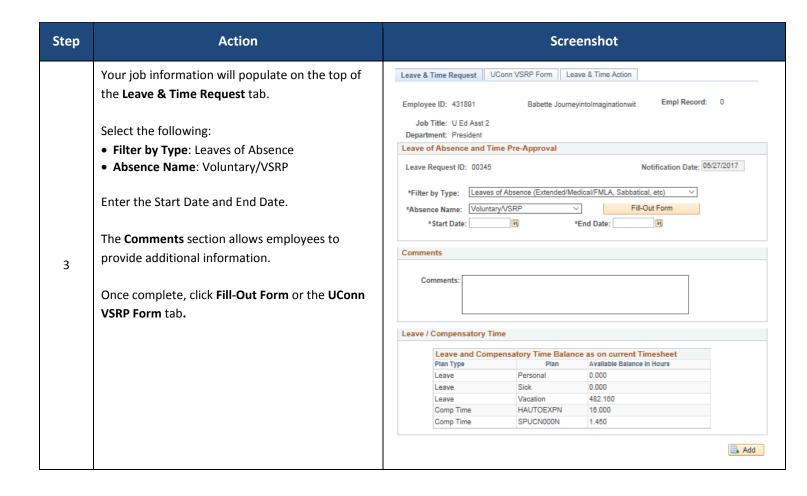
University of Connecticut

Submitting a Leave Request: VSRP

Overview Employees will use this job aid to submit a Voluntary Schedule Reduction Program (VSRP) leave request in Core-CT.

Process Steps

| Step | Action | | : | Screenshot | | |
|------|--|------------|-------------|--|-------------|---|
| 1 | Navigation: Main Menu > Self Service > Leave Management > Submit, Search, Modify Leave or From your Home page under Leave Management, click Submit, Search, Modify Leave | | | | | |
| | On the Submit, Search, Modify Leave page, the active employment records associated with your name will populate. | | ıpl cord | Job Code Description | Hourly Rate | 0 |
| 2 | To Submit a New Leave Request , choose the appropriate Record/Job Code Description that you are taking lead clicking on the Job Code Description link associated | ve from by | [| NationalGuardsman U Staff Professional 3 | | V |



Complete the form. **VOLUNTARY SCHEDULE REDUCTION PROGRAM (VSRP) APPLICATION** SECTION 1: TO BE COMPLETED BY EMPLOYEE Department Employee Number Important Note: You must Babette Journeyintolmaginationwit President 431891 complete a separate form for each fiscal year. For example, if you will Program Options: be working a reduced schedule over \square Sporadic Days Off (full or partial). The actual date(s) (and hours if partial days) I am requesting off are: the summer, you must complete View All | First 1 of 1 End Time Duration (Hours) one request for the period prior to Start Date Start Time 7/1 and another request for the H -Reduction in scheduled weekly hours during the period of: period 7/1 and later. From The number of hours of VSRP I will be taking on each workday Monday Tuesday Wednesday Thursday Friday Saturda Sunday Click on the attestation under the Total Number of Hours Per Week: Please indicate below the schedule you will be working for any partial workdays. Employee Statement section, which will automatically populate the signature date. Leave of Absence (5 consecutive days or more) during the 08/05/2017 1 To 08/09/2017 The names of the approvers will (not to exceed 24 weeks per application, except for educational purposes) auto-populate on the form, which Employee Statement
I am a permanent State employee and request to take unpaid voluntary leave pursuant to CGS §5-248c. I understand (1) the VSRP is voluntary on my part. (2) the approval of my request is at management discretion which is not subject to the grievance or arbitration procedure, (3) leave taken under the VSRP will not be occurred toward completion of the promotional working test period, and (4) this arrangement may be modified, amended or terminated at any time prior to the leave by management or myself, with or myself, with or will be circulated for approval after you submit the request. I hereby confirm that I have read this form which accompanies my leave request and can attest that the information contained herein is accurate to the best of my knowledge. Babette Journevintolmaginationwit Click **Next** below your electronic Signature 4 signature, which will take you to SECTION 2: APPROVALS the Leave & Time Action tab. ☐ I RECOMMEND APPROVAL OF THIS REQUEST. ☐ I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST Grace RobinHood Signature Date Next ☐ I hereby confirm that I have reviewed this leave request and am electronically submitting my approval or denial. ☐ I RECOMMEND APPROVAL OF THIS REQUEST. ☐ I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST BECAUSE: FirstAncestorFa SleepingBeauty 31 Signature Date Department Head I hereby confirm that I have reviewed this leave request and am electronically submitting my approval or denial. ☐ I RECOMMEND APPROVAL OF THIS REQUEST. ☐ I AM UNABLE TO RECOMMEND APPROVAL OF THIS REQUEST Dean or Director Signature Date Next

| Step | Action | Screenshot | | | |
|------|---|--|--|--|--|
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| | | SECTION 3: TO BE COMPLETED BY HUMAN RESOURCES Human Resources has reviewed this request and researched records and determined whether or not (a) the employee requesting leave under the VSRP meets the definition of 'permanent employee' as provided by C.G.S. § 5-196, (b) the days/hours requested meet the oriteria established by Section 5-246-1 (c) of the Personnel Regulations, (c) the requested schedule will not result in the employee falling below the threshold for eligibility for health insurance benefits. All oriteria is met. Yes. No Interest Next No Interest No Interest Next No Interest Next No Interest No Inter | | | |
| 5 | On the Leave & Time Action tab, click Submit . | Leave & Time Request UConn VSRP Form Leave & Time Action Employee ID: 529220 Empl Record: 0 Leave Request ID: 00336 Absence Name: Voluntary/VSRP Approval Status: Needs Approval Actions Submit Leave Request Loaded Leave Request Amended Leave Request Status | | | |
| 6 | The VSRP request is electronically circulated for review and consideration of approval. You will be able to view the status of your leave request at any time. You will receive an email when your leave has been approved. | | | | |