

October 25, 2023 – June 30, 2025 Application

Voluntary Employee Incentive Programs (available for participation between October 25, 2023 and June 30, 2025)

Part 1. To be completed by employee. (If you wish to participate in more than one program, use a separate application for each program.)

| | | |
|---|--|-----------|
| Name | MS-TAMS ID | Job Title |
| Home Address (City, State, Zip) | Department: Bureau/Institute: State House Station #: | |
| Home Phone | Work Phone | |
| INSTRUCTIONS 1. Complete the section of this application for the program you are interested in. Be sure to include all dates and work hours. Direct your questions to your Department's Human Resources office. 2. Sign and date your application in the space provided at the end of Part 1. 3. Submit this application to your supervisor. | | |
| REDUCED WORKWEEK (Definition: Current workweek schedule reduced to provide fewer hours) <input type="checkbox"/> I would like to reduce my current workweek from _____ hours weekly to _____ hours for the calendar period starting _____ and ending _____. | | |
| SPORADIC LEAVE <input type="checkbox"/> I would like to participate in this program from _____ to _____ and during this period, I plan to take _____ days of leave without pay. (Note: Days must be taken in whole work days. The same days off or pattern of days off each week or pay period cannot be requested under this program. Requests for the same pattern of days off each week or pay period will be treated as reduced workweek. Sporadic Leave days may be consecutive, up to a maximum of 5 days per pay period. Specific days off must be pre-approved by the supervisor involved.) | | |
| UNPAID LEAVE (Definition: Unpaid leave for more than one week.) <input type="checkbox"/> I would like to be placed on unpaid leave from _____ to _____. | | |
| FLEXIBLE POSITION STAFFING (Definition: A single full-time position held by two full-time employees so that each works 20 hours or the equivalent of 20 hours per week.) (Note: Each employee must complete an application for this program and both applications must be processed together.) <input type="checkbox"/> I and _____ would like to share the full-time position held by _____. The full-time hours of this position will be shared from _____ to _____ as follows. <input type="checkbox"/> Position to be shared by each working 20 hours per week. <input type="checkbox"/> Other arrangements as follows: _____ _____ | | |

EMPLOYEE SIGNATURE

Signature

Date

Important: Submit this signed application to your supervisor.

Part 2. To be completed by employee's supervisor and then forwarded to the departmental personnel officer.

APPROVALS

I recommend approval of this action.

I am unable to recommend this request because _____
_____.

I recommend the employee's request be modified as follows: _____
_____.

Signature

Date

Part 3. To be completed by appointing authority or designee..

The employee's request is approved as submitted.

The employee's request is disapproved because _____
_____.

The employee's request has been modified and approved as follows: _____
_____.

Signature

Date