



## VOLUNTARY REDUCTION IN WORK HOURS

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### SAMPLE LETTER

DATE:

TO:

FROM:

SUBJECT: **VOLUNTARY REDUCTION IN WORK HOURS**

Effective (date) through (date) you will be working in a regular full-time position at \_\_\_\_\_ % or \_\_\_\_\_ hours per week.

You will be paid your current hourly rate of \$00.00. Your vacation time and sick leave will accrue at a rate of \_\_\_\_% per pay period; holidays are also pro-rated at \_\_\_\_%. You will receive \_\_\_\_\_% of health insurance benefit contributions.

You will be eligible for membership in the retirement system; however, your retirement service credit will accrue at the actual number of hours that you work.

To accommodate the \_\_\_\_\_% reduction, your work schedule must be arranged with your supervisor and approved by the Manager. Approved work schedules must be consistent with existing County policies and Memorandum of Understanding between Stanislaus County and Name of Union as it relates to flex time, if the Memorandum of Understanding is applicable.

If you agree to the above terms in the status of your employment, please sign below.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print Department Head Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed