



## VOLUNTARY TIME OFF PROGRAM

The Voluntary Time Off (“VTO”) Program is available to Mariposa County employees looking to reduce their working hours. Interested employees are encouraged to discuss the VTO Program with their manager to determine if VTO is a good option and meets the Department's operational needs. Department heads may discuss participation in a voluntary pay reduction program with the County Administrative Officer. Other exempt employees may contact Human Resources regarding participation in a voluntary pay reduction program.

### **Eligibility Requirements:**

- You must be a full-time non-exempt employee.
- Your Supervisor and Department Head must approve your request to participate in the VTO Program.
- If your request is denied, the reason for denial is to be noted on the application.

### **How do I sign up for the VTO Program?**

Signing up for the VTO Program requires completing the application on the last two pages and providing it to your department head. While you may indicate your preferences on the application, the County will ultimately determine whether the requested reduced schedule is consistent with the needs of the County and may request that the employee modify the schedule as a condition of approval.

### **When can I sign up for the VTO Program?**

VTO applications are accepted year-round and must be made at least two weeks in advance of the requested reduced schedule.

### **How does the VTO Program work?**

Under the VTO Program, you can choose to reduce your schedule in hourly weekly increments, up to 8 hours per week. In other words, your schedule is reduced by the VTO reduction of hours you elect. For example, if you choose to reduce your working hours by 4 hours (10% for a 40-hour employee), your weekly gross pay will be reduced by 10% for every week that the reduced schedule is in effect.

Generally, the reduced hours will be based on a set, specified weekly reduced schedule. For example, an employee electing to take four hours off each week may elect to work eight hours per day Monday through Thursday and four hours on Friday. At the County's discretion, non-exempt employees may be allowed to take leave on alternating workweeks (e.g. one day every other week). Employees may provide their preferred schedule in the application below.

Hours will be accounted for at the end of the 2 week work period or the 28 day work period whichever is applicable.

**How is overtime calculated if I participate in the program?**

Overtime will continue to be calculated according to a 40 hour work week or 160 hour work period (depending on the bargaining unit) and will be subject to any other MOU provisions regarding overtime.

**When does my participation start?**

The VTO Program starts at the beginning of the pay period immediately following approval, or any other date specified by the County.

**Can I cancel or change my participation in the VTO Program during the year?**

No, you cannot withdraw from the VTO program unless you transfer to another department, are promoted, or the County terminates your participation based on operational needs.

**How long must the reduced schedule be in effect?**

Unless promoted, transferred to another department, or participation is terminated by the County, the reduced schedule must be in effect for a three-month period, and employees may not cancel their participation. At the time an employee is promoted, transferred to another department, or at the end of the three-month period, the employee must reapply or the schedule will automatically be cancelled.

**Does my participation in the VTO Program impact my benefits?**

Participating in the VTO Program has no effect on your health, dental, vision or life insurance coverage, step increase, probationary period, or seniority. In addition, there is no effect on the accrual of vacation, sick leave, and holiday leave. Employees will not be eligible to use any accrued leave beyond the hours threshold for the reduced schedule (e.g. a 40-hour employee on a 36-hour reduced schedule may not work 36 hours and take 4 hours of leave to get to 40 hours). Any specialty pays that are based on a percentage of compensation or hours worked will be reduced based on the same percentage as the VTO Program reduction. The VTO Program may impact your retirement benefit, depending on the amount by which your schedule is reduced. The Auditor's office may be contacted for further information regarding your potential impact.

## VOLUNTARY TIME OFF (VTO) PROGRAM APPLICATION

Employee Name (print) \_\_\_\_\_ Department \_\_\_\_\_

### PART I – Plan Selection

Choose the requested number of hours by which your schedule will be reduced:

1     1.5     2     2.5     3     3.5     4     4.5  
 5     5.5     6     6.5     7     7.5     8

### PART II – Schedule Selection (choose one)

Shorter workday                       Shorter workweek                       Block of time off

My preferred work hours schedule is:

<b>CURRENT WORK SCHEDULE – WEEK 1</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>CURRENT WORK SCHEDULE – WEEK 2</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>PROPOSED WORK SCHEDULE – WEEK 1</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>PROPOSED WORK SCHEDULE – WEEK 2</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**PART III – Employee Acknowledgement (initial each statement and sign below)**

\_\_\_\_\_ I understand that reduction in hours will be reflected in my compensation.

\_\_\_\_\_ I understand that the reduced schedule will begin on the first day of the start of a new pay period following approval by the County and that it may not be revoked or modified without the permission of the County for three months after the start of the reduced schedule.

\_\_\_\_\_ I further understand that the County may terminate my reduced schedule due to a transfer, promotion, or the operational needs of the County.

\_\_\_\_\_ I understand that my participation in the VTO Program may impact my retirement benefit.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Rejected**    **Comments:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Department Head Signature:** \_\_\_\_\_

*Applications not approved by the department head, or are approved for a lesser amount of time than requested, upon request of the employee, may be reviewed by the HR Director or his/her designee for final approval.*