

Commonwealth of Virginia Notice of Temporary Work Force Reduction

Human Resources: Please complete the first two sections and obtain the employee's signature in Section 3. Provide a copy of the Notice and the Chart of Benefits to the employee. Retain the signed original in the personnel file.

Section 1

Agency Name _____ Date _____

Employee Name _____ EID _____

Division or Work Unit _____ Position Number _____

Role _____ Role Code _____

Section 2

Choose one:

_____ Effective _____, your work hours will be reduced to _____ hours per pay period. This is _____% of a full-time schedule. This period of reduced work hours is expected to end on _____, when you will return to your regular work schedule. Your schedule is attached.

_____ Effective _____, you will be placed on a combination of reduced schedule and non-working Temporary Workforce Reduction. This period is expected to end on _____. Your schedule is attached.

_____ Effective _____, you will be placed in a **non-working** status on leave without pay – Temporary Workforce Reduction. This period of leave without pay is expected to end on _____, when you will return to your regular work schedule.

Section 3

This section is to be completed by the employee.

I acknowledge receipt of this information, including the information concerning benefits. I also understand that my salary will be reduced during this period based on the hours reduced or not working. This period of Temporary Workforce Reduction may be extended.

Signed _____ Date _____