

CITY OF REDDING
Personnel Policies and Procedures Manual

Section: Miscellaneous Policies

Subject: Voluntary Time Off Program

Personnel Director:  **Date:** 9-11-09

City Manager:  **Date:** 9/11/09

City Council Resolution No. (if applicable) N/A **Effective Date:** 9/11/09

Purpose

A voluntary time off program (VTO) allows interested employees to take time off without pay in order to generate salary savings that will reduce budget costs while maintaining delivery of services. The City will designate a specific period of time when employees may volunteer to participate in the program to generate salary savings. This program excludes employee's subject to mandatory staffing requirements such as police and fire.

Policy

By mutual agreement between a full-time or a part-time regular employee and the Department Director, a voluntary time off arrangement may be initiated under the following conditions:

1. "Voluntary Time Off" (VTO) refers to a work schedule which is modified in increments of eight (8) hours on a regular fixed basis to less than forty (40) hours per week, resulting in unpaid leave. For a part-time regular employee voluntary time off" refers to a schedule which is modified on a regular basis to be less than their normal part-time work schedule, prorated based on the employee's customary work hours. No employee shall be compelled to participate in the Voluntary Time Off program.
2. The period of VTO for full time regular employees will not exceed two (2) days or sixteen (16) hours of unpaid time per biweekly pay period. For part time regular employees, the period of VTO will not exceed one day of unpaid time per biweekly pay period, based on the employee's budgeted work hours.
3. In the event management and employees cannot work out a mutually agreed upon VTO schedule within the department, the City will identify the days available and employees will utilize seniority to select their VTO.
4. Should an employee not be given the opportunity to take the pledged VTO as agreed upon within a given pay period, the employee shall have the option of selecting any additional

day off in the following two pay periods subject to department director approval, or the employee's VTO agreement will be immediately revoked.

5. Employees agree to have a salary reduction, through unpaid time off, equal to the number of hours approved in the individual employee's VTO agreement with the City.
6. An employee will not be permitted to use accrued paid time during such VTO arrangement which would result in paid leave for the pledged time off.
7. VTO cannot be taken on a holiday.
8. The City will continue to pay the same level of health benefits (medical, dental, vision) and accrued benefits (vacation, sick leave, holidays) while an employee participates in this VTO program based on the status of the employee. Participation in the VTO program will not affect vacation buy back, leave cash outs upon retirement or call back overtime pay, provided the call back does not occur during what would have been the normally scheduled work hours. Long term disability and life insurance benefits are calculated from an employee's salary and will therefore be reduced by the decrease in work hours since these benefits are based on salary. The application of the City's contribution to health and welfare benefits will remain unchanged.
9. Employees may reduce their annual hours worked to approximately 1,720 hours (360 work hour reduction per fiscal year) and still receive a full year of service credit from CalPERS. Employees who participate in the VTO program during their last year of employment before retiring should consult with the Personnel Department about the potential impact on their retirement benefits.
10. The VTO program will not constitute a break in service for purposes of seniority or step increases. Probationary periods will not be affected by a VTO schedule.
11. Any change to the agreed upon work schedule or required overtime is subject to the applicable provisions of the memorandum of understanding, if any. The VTO agreement will continue in full force and effect for a period of either six (6) months or twelve (12) months with a right to re-elect given the economic circumstances at the end of the agreement period, or until the employee or the department director mutually agree to terminate it after thirty (30) day's written notice.
12. Should the program fail to accomplish the stated goals, or if it is found necessary for any other reason/s, the City will discontinue this program upon thirty (30) days notice to all employees.

VOLUNTARY TIME OFF PROGRAM REQUEST AND AUTHORIZATION FORM

Employee Name _____ Employee # _____ Division _____ Bargaining Unit _____

I am requesting that my regular work schedule be reduced according to the terms of the City's Voluntary Time Off Program (VTO). I understand that this reduction is voluntary and, once approved, will continue in full force and effect for a duration of either six (6) months or twelve (12) months, as listed below, with a right to re-elect given the economic circumstances at the end of the agreement period, or until I and the Department Director mutually agree to terminate it after thirty (30) day's written notice.

Pay Period Beginning: _____ Pay Period Ending: _____

I also understand that my work hours and benefits during the period of the reduction will be determined by the City's VTO Program and that schedule reductions in excess of 360 hours in the fiscal year will result in reduced retirement service credit.

I am requesting VTO on a Fixed Work Schedule Reduction (*Example: 8 hours per pay period*)

Total number of hours requested to be taken without pay per pay period: _____

CHOOSE ONE OF THE OPTIONS BELOW.

EVERY PAY PERIOD OF THE MONTH ONLY: My requested work schedule is as follows

Weeks	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							

FIRST PAY PERIOD OF THE MONTH ONLY: My requested work schedule is as follows

Weeks	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							

SECOND PAY PERIOD OF THE MONTH ONLY: My requested work schedule is as follows

Weeks	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							

FIRST AND SECOND PAY PERIOD OF THE MONTH ONLY (EXCLUDES 3RD PAY PERIOD):

My requested work schedule is as follows

Weeks	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							

Department Approval: Approved (forward signed copy to Personnel) Not Approved

Reason: _____

Employee Signature

Date

Department Director Signature

Date

Personnel Director Signature

Date