*Instructions: Fill out this form only if you are interested in applying for the VTO Program for **FY 2024-2025** and your Department Requires a Form. Submit the application to your Supervisor and Dept Head for approval with a copy to your payroll specialist. All VTO Requests must be entered in Workday. Please review the VTO Fact Sheet at https://www.smcgov.org/hr/voluntary-time-vto prior to applying for VTO. A copy of all approved and rejected applications must be sent to Employee Benefits at Benefits@smcgov.org (HRD133).*

VOLUNTARY TIME-OFF (VTO) PROGRAM APPLICATION
2024-2025 FISCAL YEAR (HSA EMPLOYEES ONLY)

Employee Name _____ Employee ID _____ Department/ Pony # _____ Date _____

PART I – Plan Selection (Choose one)

1%	2%	3%	4%	5%	10%	15%	20%
☐	☐	☐	☐	☐	☐	☐	☐

PART II – Schedule Selection (Choose one)

Shorter Work Day ☐ Shorter Work Week ☐ Block Time Off (provide dates of block time off) ☐

My preferred reduced work hours schedule is:_____

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

☐ I understand that the percent reduction in salary will be reflected in my hourly rate of pay and that all time worked and paid time off will be compensated at the reduced hourly rate of pay.

☐ I understand that these VTO hours will be available for my use on the first day of the pay period following the receipt of an approved application by my Payroll Specialist and must be scheduled and used prior to the program termination date of **June 21,2025**. Any unused VTO time will not be carried over to the next fiscal year and will be paid out to the employee. Beginning **June 22, 2025**, I will revert to my regular hours of work and pay schedule.

☐ I further understand that the County may terminate my participation in the VTO program prior to **June 21, 2025** due to a transfer, promotion, resignation or termination, and that any unused portion of my time off acquired from this program will be computed and any necessary pay adjustments will be made.

☐ I understand that the number of VTO hours available to me are calculated based upon my remaining in a paid status until **June 21, 2025** I understand that if I go on unpaid leave of absence at any time while I am participating in the VTO Program, the number of VTO hours available to me will be re-calculated and reduced accordingly. If I go on unpaid leave of absence and I exhaust all my paid time off, I will be required to reimburse the County for any amount owed for the VTO hours I have used but not "paid" for at my higher rate of pay. I understand that VTO hours are not eligible for the County's integration and restoration of hours as a result of receiving state disability payments.

☐ I understand that my participation in the VTO program will impact the salary upon which my retirement benefit is calculated if VTO is taken in my last 12 months of employment for Plan 1 and 2 participants or last 36 months for Plan 3, 4, 5, 6 and 7 participants. I understand that VTO impacts short and long-term disability benefits since these benefits are based upon the reduced VTO rate.

☐ I understand that I may not withdraw this application or change my VTO % for any reason after the last day in the pay period in which my participation begins.

Employee Signature _____ **Date** _____

Department Review

☐ Approved ☐ Rejected Comments:

Supervisor Signature _____ Date _____ Department Head Signature _____ Date _____

Applications which are disapproved by the department head, or which are approved for a lesser amount of time than requested, upon request of the employee, will be reviewed by the County Manager and the Human Resources Department whose decision is final. Employees must submit written request for review to the Human Resources Director. Please copy the Benefits Division via email at: benefits@smcgov.org