Instructions: Fill out this form only if you are interested in applying for the VTO Program for FY 2022-2023 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 http://hr.smcgov.org/employee-benefits (click on Voluntary Time Off) 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 2022-2023 FISCAL YEAR (HSA EMPLOYEES ONLY)

Employe	e Name		Employee ID	Ī	Department/ Pony #		Date
PART I	– Plan Sel	ection (Choose one)					
1%]	2% 3%	4%	5%	10%	15%	20%
PART II	l – Schedu	le Selection (Choose	e one)				
Shorter W	Vork Day		Shorter Work Week		Block Time 0	Off (provide dates o	of block time off)
		d work hours schedule ree Acknowledgem	e is:ent (Initial each statement and	d 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.						
	by my Pay	roll Specialist and mus over to the next fiscal	rs will be available for my use at be scheduled and used prion year and will be paid out to the	r to the program te	ermination date of Jun	i e 24, 2023 . Any u	nused VTO time will not
	resignation		nty may terminate my participa nat any unused portion of my				
	I understand that the number of VTO hours available to me are calculated based upon my remaining in a paid status until June 24 , 2023 . 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 understar participatio		raw this application or change	my VTO % for an	y reason after the las	t day in the pay pe	riod in which my
Employ	vee Signati	ure	Date				
Department Review							
	Approved	Rejected		(Comments:		
				=			
Supervis	or Signature)	Date		Department Head Sig	nature	Date

to

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