Requests must be submitted to Human Resources at least 10 business days prior to the start date of requested leave. Review WSU’s Salary Savings Leave parameters prior to completing this form. Questions should be directed to Human Resources.

|  |
| --- |
| Employee Information |
| Full Name: |  |
| *(Please Print)* | Last | First | M.I. |
| Department: |  | Payroll SEMA4 ID: |  | FTE: |  |
|  |
| Requested Schedule Change/GSSL Leave Dates: |
| Fiscal Year Requesting SSL: [ ]  FY17 [ ]  FY18 [ ]  FY19 |
| **Pay Periods Requesting Leave:** |  |
| [Link to the WSU Pay Schedule 2017](http://www.winona.edu/HR/Media/Pay%20Calendar%202017-Updated.pdf) |
| [ ]  **I request reduce my hours to**  |  | **per pay period. Total hours reduced**:  |  |  |
| **Schedule:** |  |
|  |  |
| [ ]  **I request to take**  |  | **full days without pay. Total hours reduced:**  |  |  |
|  **Specific days:** |  |
|  |  |
| **IFO ONLY:**  |  |
| [ ]  **I request to reduce my credit load to** |  | **.** |
| Comments:  |  |
|  |  |
|  |  |

I understand that my participation in GSSL is voluntary and that my salary will be reduced based on the request above. I have reviewed WSU’s parameters and [MMB’s Salary Savings Leave General Memo #2014-3](https://mn.gov/mmb/assets/salary-savingsleave-1377_tcm1059-129408.pdf) and understand the impact of salary savings leave on benefits, including vacation accrual, insurance, and retirement, as well as other common concerns related to salary savings leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

[ ]  Approve [ ]  Not Approved (reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date