

For UNLV Tenured Department Chairs and Associate Deans ONLY
Declaration of Unpaid Leave/Workload Adjustment

Employee Name (please print) _____ Position Title _____

Department/College _____ Employee # _____ Date _____

Part I. VOLUNTARY – Completion of this part of the form is NOT REQUIRED

**Actions Towards
Strictly Voluntary
Measures (does not
count towards FY11
mandatory actions):**

1. ☐ I will take _____ unpaid days in FY10- **THESE WILL NOT** count towards FY11 mandatory days (savings go to Department budget – maximum of 12 days/4.6% of salary allowed).
2. ☐ I will make a contribution to the UNLV Foundation (scholarship or other appropriately designated): Refer to UNLV form & process for payroll deduction (CTRL + click the following link): <http://foundation.unlv.edu/payroll>
Submit directly to UNLV Foundation
3. ☐ **Check here for none of the above.**

Part II. MANDATORY- Completion of the part of the form IS REQUIRED

**Actions Towards
FY11 Mandatory
Measures – Tenured
Department Chairs
and Associate Deans
ONLY.**

1. I acknowledge that a Dept/College proportional workload increase will be required for the “B” base portion of my contract : _____ (employee initials)
- AND, for the Annual Salary Amount over the “B” Base Contract I will be required to have an unpaid leave reduction --**

2. Unpaid days in FY11 to count towards FY11 mandatory days: _____
(savings taken centrally and subject to individual calculation based on 20% increase over “B” base and stipend amount only).

--OR--

--- As a Voluntary Alternative to a Workload Adjustment AND Unpaid Leave Requirement ---

1. Voluntary unpaid days in FY10 to count towards FY11 mandatory days: _____
(savings taken centrally). **(unpaid leave days are not refundable)**
2. Unpaid days in FY11 to count towards FY11 mandatory days: _____
(savings taken centrally).

Total must add to 12 For F/T 12-month staff , 8.3 for “B” contracts TOTAL: _____
And 11 for “B-11” contracts
(Note: Consult Supervisor to determine number of days for less than F/T)

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

(Note: This proposal is not approved until signed by the appropriate supervisor)