

**The Ohio Department of Natural Resources  
Voluntary Cost Savings Plan Agreement**

In accordance with the Voluntary Cost Savings (VCS) Program Policy, I am voluntarily requesting to participate in the following VCS Plan:

Plan A: Reduction of Hours (full-time employees only)

I agree to a reduces work schedule beginning \_\_\_\_\_ (start of pay period) and ending \_\_\_\_\_ (pay period ending). I understand that my supervisor and I must agree in writing on my work schedule (attached).

Plan B: Unpaid Leave of Absence (minimum of 2 weeks, maximum period of 13 weeks)

I agree to take an unpaid leave of absence beginning \_\_\_\_\_ and ending on \_\_\_\_\_.

Cancellation Policy: An agreement under this program can be terminated by the Department upon ten (10) working days' notice in writing to the employee. Such termination shall not be grievable. The Employee may terminate this agreement upon ten (10) working days' notice in writing unless mutually agreed to otherwise.

I hereby acknowledge that I have read the ODNR Voluntary Cost Saving Program Policy and Frequently Asked Questions (FAQ). I further acknowledge that **I am not** eligible to receive unemployment compensation while participating in this program.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Employee Name	<input type="checkbox"/> Exempt <input type="checkbox"/> Bargaining Unit Employee Status
Division	Work Location

Recommended       Not Recommended  
**Supervisor Recommendation**

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Comments

Signature	Date
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Recommended       Not Recommended  
**Division/Office Recommendation**

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Comments

Signature	Date
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Recommended       Not Recommended  
**Agency Recommendation**

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Comments

Signature	Date
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