

**CITY OF WATSONVILLE**  
**VOLUNTARY TIME OFF PROGRAM GUIDELINES**  
**FY 2021-FY 2022**



**PURPOSE**

The purpose of the Voluntary Time Off (VTO) program is to provide voluntary, personal leave without pay as a method to reduce City salary costs during times of budget crisis, rising pension costs and other personnel costs. Use of this program is strictly an effort to achieve salary savings and shall not be considered or construed as a lack of work. If the VTO does not result in cost savings to the City, creates staffing levels that cannot provide adequate service to the public, or hinders departmental operations, then the VTO leave may be denied.

**PROGRAM**

Participation in the VTO program requires approval of the employee's supervisor, department head, and City Manager under the conditions stated above.

VTO will only be approved for full time and part time employees who desire to reduce the weekly work schedule by a minimum of 4 hours per week. Desired work weeks must be in multiples of 4 and may not be less than 32 hours (i.e. 36 hours, 32 hours, etc.). The commitment for VTO must be for a minimum of 6 months and start and end dates must correspond to the beginning of a pay period.

Individual days off without pay will not be approved under the VTO program.

All employees approved to participate in the program must sign an agreement committing to the reduced work schedule for a defined time period with a minimum of 6 months.

The City shall continue to pay the same level of health benefits (medical, dental, vision, life, etc.) during a period of VTO as the employee qualified for prior to participation in the program. Employees maintain the same monthly contribution level for health insurance. All other accrued benefits (vacation, sick leave, holiday hours, admin leave, etc.) and all other monthly stipends\special pays will be pro-rated accordingly with the reduced schedule. For example, if an employee reduces to 75% time, vacation benefits will be accrued at a rate 25% less than if working full time. Qualifications for merit increases shall not be impacted by VTO. Seniority accruals shall not be impacted by VTO.

Employees may reduce their annual hours worked to approximately 1,720 hours and still receive a full year of service credit from the California Public Employees' Retirement System (CalPERS). The amount of worked hours required to earn a full year of service credit is established by CalPERS and subject to change. Employees who are concerned about their service credit accrual should consult with Human Resources before committing to the VTO program. Participation in the VTO program may impact retirement benefits and those considering participation in the VTO program during their last year of employment before retiring should consult with CalPERS about the potential impact on their retirement benefits. Employees are responsible for monitoring the effect of VTO on future retirement benefits.

For certain positions, granting of VTO may result in additional City costs, such as overtime, which offset or exceed savings from VTO or result in unacceptably low staffing levels, hindering the delivery of critical services to the public. In such cases, the purpose of VTO would not be achieved and the VTO request may not be authorized.

**CITY OF WATSONVILLE**  
**VOLUNTARY TIME OFF PROGRAM GUIDELINES**  
**FY 2021-FY 2022**



VTO must result in savings to the City without compromising delivery of critical services to the public or having a material negative impact on departmental operations. The City Manager may cancel or suspend an employee's approved VTO if operational needs mandate the employee's services. Employees will be noticed about VTO cancellation in accordance with the schedule change provisions of the appropriate Memorandum of Understanding (MOU) or 14 days (whichever is greater).

VTO shall not be available to employees on other leaves without pay nor be used to extend or in place of other leaves of absence. Employees shall not use accrued paid time in lieu of VTO hours.

VTO used during a pay period shall not count as time worked toward the computation of overtime.

During VTO periods, employees remain responsible for paying the full health benefit premium that is normally deducted from every pay check.

**PROCEDURE**

1. Requests to enroll in the VTO program must be submitted in writing to the employee's supervisor or department head using the attached Voluntary Time Off (VTO) Request\Agreement.
2. The employee's supervisor shall review and make a statement regarding the workload impact, anticipated cost savings, and a recommendation regarding the request. The request shall then be forwarded to the department head.
3. The department head will review the employee's request and the supervisor's statement and, upon approval, forward it to the City Manager for final approval. The department head is responsible for ensuring that the VTO is consistent with the conditions and intent of the VTO policy.
4. Upon approval by the City Manager, the VTO form shall be distributed as follows: one copy to the employee, one copy to the initiating department, one copy to the Human Resources, and one copy to Payroll.
5. Once a VTO form is approved by the City Manager, it is binding upon the employee for the entire period at the agreed upon participation level unless it is found that continuation in the program will cause undue hardship to the employee due to unforeseen circumstances.
6. This program is in effect through the pay period including June 30, 2022.

**CITY OF WATSONVILLE**  
**VOLUNTARY TIME OFF PROGRAM GUIDELINES**  
**FY 2021-FY 2022**



Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Division: \_\_\_\_\_

I hereby voluntarily request a reduction in my work schedule. I acknowledge there will be a reduction in my salary and my leave accruals will be pro-rated (i.e. vacation, sick leave, administrative leave, personal leave, and holiday hours). However, the City shall continue to pay the same level of benefits for the medical, dental, vision, and life insurance plans as I am entitled to prior to participation in the program. I am responsible for paying the full employee share of the medical plan as if I were a full-time employee. If approved, I agree to the reductions specified below.

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

For proposed workweek reduction, please specify enrollment period:

From: \_\_\_\_\_ To: \_\_\_\_\_

Specify number of proposed weekly hours: \_\_\_\_\_

*Please detail your proposed weekly schedule:*

Supervisor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I recommend ☐ Do not recommend ☐ this VTO enrollment.

Supervisor statement of workload impact, anticipated cost savings:

**CITY OF WATSONVILLE  
VOLUNTARY TIME OFF PROGRAM GUIDELINES  
FY 2021-FY 2022**



**APPROVALS:**

☐ This request is approved as it meets the goals and intent of the VTO program.

Department Head Signature:		Date:
City Manager Signature:		Date:

**Comments:**

**DENIALS:**

☐ This request is denied as it does not meet cost savings goals or it cannot be granted without negatively impacting departmental operations.

Department Head Signature:		Date:
City Manager Signature:		Date:

**Comments:**