

State of Rhode Island Employee WorkShare Program Volunteer Form

Under the State of Rhode Island Employee WorkShare Program, eligible employees can request to work 60% of their regular weekly hours (translating to a three-day on/two day-off work week) from Sunday, June 14th through Saturday, September 5th.

Participation is voluntary and is encouraged from both union and non-union employees, except those in 24/7 operations, direct care workers, first responders and workers critical to the COVID-19 effort.

Eligible employees who want to volunteer for the program need to complete this form and **submit it to their supervisor by this Monday, June 8th**. You will be notified if you have been accepted into the program by your agency. You will then be provided instructions on how to file an initial claim with DLT.

Employee Information:

Employee Name: _____ Job Title: _____

Department: _____ Division: _____

Regularly Scheduled Hours Per Week: _____ Union Affiliation (if applicable): _____

WorkShare Proposed Schedule:

Based on the WorkShare criteria that employees work 60% of their regularly scheduled hours per week (translating to a three-day on/two day-off work week), please choose the three days you prefer to work and fill out the table below with the hours you propose to work. Please note approval is subject to agency operations.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Total Working Hours Per Week During WorkShare Program: _____

This space is provided for additional notes or comments:

Signatures:

By signing this Form, I certify that I am volunteering for the SORI Employee WorkShare Program, that I have read the WorkShare Employee Communication and WorkShare FAQ, and hereby agree to comply with all provisions of the WorkShare Program:

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Supervisor Printed Name: _____

Signature of Appointing Authority: _____

Date: _____