

| EMPLOYEE IDENTIFICATION | | PART 1 |
|--------------------------------|-------------------|-----------------|
| Employee Name | Employee Number | |
| Department Name | Department Number | |
| Job Class Title | Job Class Code | Position Number |

| PROGRAM IDENTIFICATION | | PART 2 | | | | | | |
|--|----------|---|------------|----------|-------------------|--|--|--|
| <input type="checkbox"/> Reduced Work Week <input type="checkbox"/> Shared Position <input type="checkbox"/> Position Leave <input type="checkbox"/> Sporadic Days Off | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Begin Date</td> <td style="width: 33%; padding: 2px;">End Date</td> <td style="width: 33%; padding: 2px;">Duration in Hours</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> | Begin Date | End Date | Duration in Hours | | | |
| Begin Date | End Date | Duration in Hours | | | | | | |
| | | | | | | | | |

| PERSONAL SERVICES SAVINGS | PART 3 |
|----------------------------------|---------------|
|----------------------------------|---------------|

| MFASIS ACCOUNT# _____ | ACCOUNT NAME _____ | | | | |
|------------------------------|---------------------------|-----------|-----------|-----------|-------|
| C & O Code | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
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| TOTALS | | | | | |

| APPROVALS | | PART 4 | | | | |
|--|-------|---|--------------|-------|--|--|
| <input type="checkbox"/> Approved as Submitted by the Employee <input type="checkbox"/> Modified <input type="checkbox"/> Modified | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Prepared By:</td> <td style="width: 50%; padding: 2px;">Date:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | Prepared By: | Date: | | |
| Prepared By: | Date: | | | | | |
| | | | | | | |

Submit to the Bureau of Human Resources for every Approved, Denied, or Changed request. READ THE INSTRUCTIONS ON THE NEXT PAGE

Human Resources Copy

Human Resource (B) Copy

Department Copy

INSTRUCTIONS

Complete one of these worksheets for each Application you receive for Voluntary Programs. If an employee has applied for more than one program, complete a worksheet for each program. Complete a worksheet for every Application, whether the request is approved or denied. Should the terms of an individual's participation be changed after initial approval, submit a revised worksheet. Prepare in triplicate, submit two copies to the Bureau of Human Resources, and keep one copy for your records. The BHR copies will not be returned to you.

Part 1 This part should be self-explanatory.

Part 2 Check the one box for the program you are identifying. The Begin Date and the End Date are the dates the employee has requested - unless the request has been modified. If modified, enter the modified date.

Part 3 Enter the actual C&O affected by each position. C&O should be at the same four (4) significant digits used in the Work Program.

Enter the net dollar savings by C&O for each quarter as positive amounts. In calculating this figure, consider each compensation and benefit type affected that relates to a personal services C&O. Subtract any related costs from the projected savings to reach an accurate net savings figure. If a revised worksheet submission will reduce savings, include the net dollar cost of the change as a negative amount \$ (\$\$\$\$) by C&O for each quarter.

Calculate the compensation and benefit savings as follows:

1. Use the 01/01/01 Salary Schedule (used to produce the "B Form").
2. Use the employer retirement rates used to produce the "B Form" and any subsequent changes in employer retirement rates.

Savings in a General Fund account will be removed by financial order from the resources available to the account. Worksheet revisions that reduce savings are not expected to result in financial orders to restore allotment in the affected accounts. However, if such a worksheet revision is anticipated to have a serious financial problem for the balance of the fiscal year, please contact the Bureau of the Budget for assistance.

Part 4 Approvals. Check whether the request has been approved, or denied. Submit Copy 1 and Copy 2 of this form to:

Jeannie Johnson
Department of Administrative & Financial Services
Bureau of Human Resources
State House Station #4
Augusta, ME 04333-0004