
WESTERN MICHIGAN UNIVERSITY

Application for Bargaining Unit Layoff For Entry-Level Bargaining Unit and Dining Service Employees—Article 7.11.6

Please Print

Last Name

First Name

Middle Initial

Department

Position

I hereby apply for voluntary layoff (without pay) for the period from _____
through _____. I understand that the voluntary layoff, if
approved, may be no less than four (4) weeks during Summer I/Summer II or 1 week during Fall/Spring.

Please note: Per Article 7.11.6, no bargaining unit employees shall be guaranteed a seasonal layoff.

Date

Signature

Completed form must be returned by date announced by Dining and BC&SS.

BC&SS: Return completed form to BC&SS front office.

Dining: Return completed form to unit manager.

For Office Use Only:

☐ Approved

☐ Not Approved

Date

Signature

Comments: