



Voluntary Short-Term FTE Reduction Agreement Administrative Staff

Employee Name: _____ Employee ID: _____

Department: _____ Planning Unit: _____

Current Position Title: _____

Current FTE: _____ Requested FTE Level: _____

Current Months Worked: _____ Requested Months: _____

Current Monthly Salary: _____ New Monthly Salary: _____

Duration (not to cross fiscal years) From: _____ To: _____

Request Description: Include specific details of time(s) to be worked during the fiscal year and detail how this request meets operational needs of the department.

Department/Planning Unit Comments:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

Planning Unit Head Signature: _____ Date: _____

University Human Resources: _____ Date: _____

Route to employee, supervisor, department head, planning unit head, and Human Resources.