

**CHANGE IN FTE
ACCEPTANCE STATEMENT**

This is to certify that I am voluntarily accepting a change in my job percent time. I understand that certain benefits, such as insurance, holiday pay and service time are based on my total job percent time, and that a change in my overall FTE will change the rate at which benefits are calculated. I further understand my employment rights and that my new appointment will remain in effect indefinitely.

Current Job FTE: _____ Position Number: _____

Requested Job FTE: _____

Effective Date: _____

Employee Name UIN

Employee Signature Date

Classification

Department/Unit

Authorized Department/Unit Administrator

Authorized Department/Unit Administrator Signature Date

Note to department/unit administrator: Any change in the above employee's Job FTE will be effective the beginning of the payroll period following receipt of this form by the Staff Human Resources. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment.