VOLUNTARY FTE REDUCTION REQUEST FORM

*A copy of this form should be placed in the employee’s departmental personnel file.*

*In addition, forward the form to Human Resources.*

**Part 1 – To be completed by employee**

Complete this form and submit it to your supervisor. Employees may submit a brief supplemental written proposal as well.

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vandal Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exempt:

Classified:

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested FTE Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In addition to thoroughly reviewing the considerations listed below, be sure to consider the following:

Impact on peers and your relationships with them

Impact on your pay

Impact on other classified/exempt status

Impact on your benefits (including retirement plan participation and health insurance cost)

Impact on your paid time off (vacation, holidays, sick pay, etc.)

Communication with your supervisor and team

You are encouraged to visit with Human Resources as you consider these items.

Describe how your request for a voluntary FTE reduction will sustain or enhance your ability to meet service standards:

Describe the anticipated benefits to the department that may result from the voluntary FTE reduction:

What review process with your supervisor do you propose for constructive monitoring and improvement of your voluntary FTE reduction?

What potential gaps could your voluntary FTE reduction raise with external customers, internal customers, co-workers, your manager, or others? How will they be handled?

**Part II – To be completed by the Supervisor and Unit Administrator**

Voluntary FTE Reduction Approved:

Voluntary FTE Reduction Approved with Modifications:

Voluntary FTE Reductions Declined:

If you modified or declined this request, please describe why:

This agreement is subject to reevaluation should either party request a review.

Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_