



Voluntary FTE Reduction Request Form

A faculty or staff member may request a reduction in FTE (full time equivalent), in which the standard work hours per week are reduced and the employee works less than full-time. (Positions that have a standard 40 hour work week are 1.0 FTE). Requests must be submitted for approval through the appropriate administrative channels and approved by the division Vice President prior to any FTE change. Questions regarding the FTE reduction request's impact on your employment should be directed to your immediate supervisor or to Academic Resources (faculty) and Human Resources (staff).

Employee Name:	_____	EMPLID:	_____
Job Title:	_____		
Department Name:	_____	Supervisor:	_____
Employee Phone:	_____	Supervisor Phone:	_____

Amount of FTE Reduction Requested:

Indicate the percent FTE reduction and/or number of standard work hours per week requested for reduction.

Justification for FTE Reduction:

Justification must include: 1) reason for the request, 2) impact to the department, and 3) describe the proportionate adjustments in the faculty or staff member's assigned duties that are needed as a result of the FTE change.

Effective Date Requested: _____

Work Schedule Requested: _____

I am hereby voluntarily requesting that my current FTE (and work schedule) be reduced, with the understanding and acknowledgement that this reduction will affect my salary and other terms and conditions of my employment. Specifically, I understand that if my request is approved, my work schedule could be reduced to less than 1.0 FTE position with a corresponding reduction in my salary and corresponding adjustments to my vacation and sick leave accruals, and retirement contributions. A faculty or staff member will be ineligible to receive the state contribution toward health insurance when the FTE is reduced below 0.75, and will be ineligible to participate in the university's benefit programs when an FTE is reduced below 0.50. In addition, for faculty members, a reduction in FTE may impact the tenure and promotion process. This reduction in my schedule could also affect my status as an exempt employee under the Fair Labor Standards Act (FLSA) if I currently hold an FLSA exempt position. Determination of the reduced work schedule, work hours, and start date of FTE reduction is at the discretion of my supervisor according to departmental operational needs.

I further understand that my request must first be approved by my immediate supervisor or Chair, department head or Dean, and Vice President through normal administrative channels. Following approval, the Academic Resources (for faculty) or Human Resources (for staff) department will issue a memorandum to notify me of the approval status of my request, along with the effective date. I further understand that I may withdraw my request at any time prior to final approval being granted. Once my request for an FTE reduction has been approved, however, I understand and agree that the FTE reduction is final. I certify that this request is being made voluntarily and without coercion or undue influence by any University representative.

Employee Signature: _____

Date: _____

Submit completed request form to immediate supervisor.

Approval Workflow:

Immediate Supervisor or Chair:

____ Approve

____ Deny*

**If denied, route form to Human Resources (for staff) or Academic Resources (for faculty). Do not route for additional approval.*

If approved:

Effective date:

New FTE approved:

Approved weekly work schedule:

Supervisor Signature: _____

Date: _____

Dean/Department Head (for approval only):

Approval Signature: _____

Date: _____

Vice President or Designee (for approval only):

Approval Signature: _____

Date: _____

Human Resources/Academic Resources Use only:

Reviewer Signature: _____

Date: _____

Employee Notification Issued with cc to Supervisor:

Completed forms for faculty should be submitted to: academic.resources@unt.edu

Completed forms for staff should be submitted to: HRAdministration@untsystem.edu