OPTIONAL EMPLOYEE ELECTION TO REDUCE F.T.E.

I,	, after consultation with the Human Resources
(Print Name)	 ·
Office about the changes which will occur change my current F.T.E. and employment	by requesting a reduced F.T.E., elect to voluntarily schedule to:
Employee Elec	tion (check applicable):
☐ 11 month employee (.92 FTE) ☐ August 1 – June 30 ☐ August 16 – July 16	☐ 9 month employee (.75 FTE) August 16 – May 16
☐ 10 month employee (.83 FTE) ☐ August 1 – May 31 ☐ August 16 – June 15	
I WISH TO HAVE MY PAY SPREAD OVE Employee Signature	
Employee Signature	Date
Approved:	
Supervisor Signature	Date
Human l	Resources Use Only
<u>Emplo</u>	yee's current F.T.E.
☐ 12-month employee (1.00 FTE) July 1 – June 30	☐ 10-month employee (.83 FTE) ☐ August 1 – May 31 ☐ August 16 – June 15
11-month employee (.92 FTE) August 1 – June 30 August 16 – July 16	
HUMAN RESOURCES SIGNATURE	EFFECTIVE DATE OF CHANGE