



Month to Month
OUS Voluntary FTE Reduction Program Election Form

Please consider the following commitment carefully, and sign below if you voluntarily elect to participate in the Month to Month OUS Voluntary FTE Reduction Program:

I am aware of the OUS Voluntary FTE Reduction Program. I support the Oregon University System's efforts to address the budgetary shortfall with the use of the OUS Voluntary FTE Reduction Program.

I am currently on a 1.0 FTE appointment and am voluntarily requesting a reduction to a .954 fte, on a month-to-month basis , for the fiscal year 10/11:

Starting date _____

In return, for the term of your appointment, you are entitled to additional leave in the amount of 8 hours per month. Use of this leave must be recorded on your monthly timesheet as "other." This leave does not accumulate on a monthly basis, but is calculated based on your salary reduction amount, fte and 12-month appointment and must be used during the term of your notice of appointment. A change in your fte or months of work during the term of your appointment may change your total leave amount. Any unused leave under this provision expires on June 30, 2011.

Contingent upon determination of availability of funds, this voluntary reduction may be amended at any time during the fiscal year.

Consistent with OUS administrative rules and policies, my voluntary election will be approved by the designated appointing authority and, by my signature below, I acknowledge that this voluntary FTE reduction amends my 2010-11 notice of appointment or contract for the remaining pay periods prior to June 30, 2011. I understand that while my accrual of sick leave and vacation leave will be unaffected by this election, it may affect other benefits including contributions to my retirement plan and FICA, which are based on my compensation.

Employee's Job Title (please print)

Employee I.D. Number

Employee Signature

Date

Confirmation:

Supervisor/Appointing Authority Name (please print)

Department/Organization

Supervisor/Appointing Authority Signature

Date

Payroll/Human Resources Use Only		
Received date: _____	FTE Reduction Personnel Date: _____	Entered by: _____

signed copy for your records.