



**Institution Name**

Payroll fax:

HR phone:

**OUS Voluntary FTE Reduction Program Election Form**

Please consider the following commitment carefully, and sign below if you voluntarily elect to participate in the 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 (*check the applicable FTE and starting date*):

\_\_\_\_\_ On a 1.0 FTE appointment and am voluntarily requesting a reduction for the remainder of the fiscal year—ending June 30, 2009—to a 0.954 FTE.

Starting date \_\_\_\_\_ March 1, 2009 \_\_\_\_\_ First of Month after Confirmation

\_\_\_\_\_ On a \_\_\_\_\_ FTE appointment and, after consulting with my supervisor and/or the appropriate appointing authority, am voluntarily requesting a reduction for the remainder of the fiscal year—ending June 30, 2009—to a (*95.4% of current*) \_\_\_\_\_ FTE.

Starting date \_\_\_\_\_ March 1, 2009 \_\_\_\_\_ First of Month after Confirmation

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 2008-09 notice of appointment or contract for the remaining pay periods prior to June 30, 2009. 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: \_\_\_\_\_

*Instructions: Deliver or fax this Election Form to your institution by March 16, 2009. Voluntary FTE Reduction Election Forms received after the payroll cutoff date initiate the FTE reduction in the following month. Retain a signed copy for your records.*