

## Employee Request for Voluntary FTE Reduction

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Employee Name:			
Department:			
Division:			
Position Title:			
Current hours per week:		Proposed hours per week:	
Start date:		End date:	

**Request Description:** (Include specific details of time(s) to be worked during the Reduction of FTE, how work will be completed, and detail how this request meets operational needs of the department.)

**Supervisor Comments:**

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

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

Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Head Signature \_\_\_\_\_ Date \_\_\_\_\_

(Copies to employee, supervisor, department head and original to Human Resources)