

Voluntary FTE Reduction Agreement

Employee Name _____

Department _____

Date _____

I have elected to take advantage of the Voluntary FTE Reduction Program, and I give the College permission to adjust my wages/salary accordingly.

In addition, I acknowledge that I understand and agree to the provisions of the program. If I desire to make a change to my reduction agreement, I will notify my supervisor as soon as possible.

Employee Signature _____

Supervisor Signature _____

C: Office of Human Resources