

FTE Voluntary Reduction Request Form - Procedures

- Please review Page 2 prior to completing form
- Contact HR Compensation at <u>unmccompensation@unmc.edu</u> for questions about this form.
- 1. To input information into the fields then sign the document > select the Fill & Sign icon on the right side of the screen.



2. A pop-up will ask "Who needs to fill and sign", select Fill and Sign under 'You' to add text and fill out all required fields.





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3. Once finished filling out each area > select Sign Yourself at the top of the screen > select Add Signature.



4. Once your name has been "written", drag it to the place a signature is required. After signing and dating > select Next > select Request Signatures > select Continue.

Home Tools	Voluntary	y FTE Redu ×					ģ	?	Ļ.	
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Fill & Sign		• Ø.	Sign yourself	Reque	est Signatu	res	Nex	t	Clos	se
L. : 	im hereby requestin	ng that my current work	schedule be red	uced, with the u	inderstanding	g and acknow	ledgement that		^	Po
if Ci	my request is appro presponding reducti tirement contributio	oved, my work schedule tion in my salary and cor ons, and Social Security.	e could be redu responding adjus . This reduction i	uced to a 0.75 f stments to my ac n my schedule a	ull-time equi ccrual of vac also could af	ivalent (FTE) ation and sick	position, with a leave benefits, s as an exempt			B
e pi ti	nployee under the articipate in the Univ ne employee. I furth	Fair Labor Standards / versity's group health ins her understand that my	Act (FLSA) if I o surance plans wil request must firs	currently hold a I continue in the it be approved b	FLSA exen same mann by my superv	mpt position. her as if I had i visor, the chie	My eligibility to remained a full- f administrative			₽
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p U	riod of three (3) ye niversity representa	ears.	eing made volu	ntarily and with	out coercion	n or undue in	fluence by any			B
	Employee Signat	ture Tatym	Cowley		Dat	te:				50
F	Mana Approve/Decline F	ger/Supervisor Sect	tion - Pleas	eview Page 2 approved ETE	Prior to co	ompleting for	orm			



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5. If you have never requested signatures before, a pop-up box will appear and ask "How do you want to send your file?" > select Request Signatures > then select Get Started.



6. If you have requested signatures before > select more options to input the Approvers' information.

Add signers, specify where to signers	gn, send and track progress. Learn more
Add signers	Add CC
Q Add name, email id, etc.	
Voluntary FTE Reduction Requ	est Form - 06-09-20 (002)
Please review and sign this do	cument.
File(s)	Add Files



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 Complete in Order the Recipients (Approvers) email addresses > Add <u>unmccompensation@unmc.edu</u> as the last recipient > select Next at the bottom of the page.

Adobe Sign	1		Add signers	Specify where to fill and sign	Send and track progress	
	Recipien Complete	ts in Order	Complete in	Any Order		Add Me
	1	Ø	Supervisor.Email@	ounmc.edu	🖂 🗸 Email	\times
	2	Ø	Administrator.Ema	il@unmc.edu	🖂 🗸 Email	\times
	3	Ø	unmccompensatio	on@unmc.edu	🖂 🗸 Email	\times

8. Once all the recipients' email addresses have been entered and Next has been selected, the screen will direct you to a final review of the document.

If you have errors, a red notice bar will appear at the top of the page > please correct any errors before proceeding.

We've detected a by clicking "Next	8 error(s) in this agreement that need to be fixed. Navigate through the errors t Error".	Next Error 8	×
	Nebraska Medical Center		^
	HUMAN RES	OURCES	
	VOLUNTARY FTE REDUCTION REQUEST FORM		- 1
	Date: * Employee Section - Please review Page 2 prior to completing form Last Name: * Personnel #: * Department: * E-mail: * Pay Cycle: * Proposed Reduced FTE: * Proposed Schedule for New/proposed FTE		



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Example of Error:

Must delete blank option in each dropdown. To correct this > select the dropdown > highlight the blank option > click delete > select okay > select next error in upper right hand corner.

Dropdown14 🖉	,		
Drop down optic only spaces.	ons cannot be	e blank or contain	
Export values ca spaces.	nnot be blan	k or contain only	
Assigned To	Anyone		~
Required		Mask field data	
Drop Down Optio	ns	Show export v	alues
AA			

9. Once all errors have been fixed (if applicable), the text fields for each Approver must be assigned to respective fields.

Manager/Supe	rvisor Section - Pleas	se review Page 2 prior to com	pleting form
Approve/Decline Request:	Select	If approved, FTE Reduction an	oproved: 🏷el 🗸
Approved Start Date:		Approved End Date: 📩	
	Approved Sch	nedule for New FTE	
*			
Supervisor Signature	Signature	Date:	*
UNIT/Department Ad	ministrator Section -	Please review Page 2 prior to	completing form
Approve/Decline Request:	*Select 🔷	If approved, FTE Reduction ap	proved: 🔭el 🔷
Administrator Signature	*Signature	Date:	*
	Human Re	sources Section	-
Approve/Decline Request:	Select	Approved Start Date:	*
HR Signature: *		Date:	*



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To assign fields > double-click the colored arrow in the right corner of each text box > a pop up box will appear with the appropriate options for each field. For each box > select the drop down box located next to Assigned To and select the appropriate Approver. Repeat this motion for each text box except the Signature.

Manager/Supervisor Section - Please	review Page 2 prio	or to completing form
Approve/Decline Request: *Select		
Approved Start Date: *	Approve / Declin	
Approved Sche	Appiore / Dectil	
Supervisor Signature	Assigned To	Anvone v
Approve/Decline Request:	0	
Administrator Signature	Required	Mask field data
Human Reso		_
Approve/Decline Request: Select	Drop Down Optic	ons Show export values
HR Signature: *		
	Approve	
Page	Decline	
	Entor oach drop d	own option on a constrate line
	Linter each drop d	own option on a separate time.
	Default Value	Select V
	Deloute volue	Selection
	T 1.1	
Valuntary C	loottip	
Voluntary F		
 Only Full Time (FTE 100% - 40 hours a week) stall e Employees who are working for the University under 	Appearance	~
to participate in this program.		
Voluntary FTE eligibility to participate in the Universit	Tools	
manner as if employee had remained a full-time emp	10015	Ť
 Reduction in FTE will reduce salary. Salary will be p 		
accruals - vacations/banked/floating/sick leave - will b	Delete Field	
Retirement contributions and Social Security contributions	Delete Field	



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10. For the Signature text fields > select the drop down box located next to Assigned To and select the appropriate Approver > then select the drop down box located next to Field Type and change it to Signature > select OK.

Approve/Decline Request: Select Approved Start I	Date:	_
HR Signature:) * Page 1 of 2	HR Signature 🖉	,
	Assigned To	unmccompensation@unmc.edu ∨
	Field Type	Text Input v
	Required	Signature Fields Signature
Voluntary FTE Reduction	Mask field dat	Initials Signature Block
 Only Full time (FE 100% - 40 hours a week) stati employees are eligible for Employees who are working for the University under a USCIS Visa agreement to participate in this program. 	Default Value	Signer Info Fields Title
 Voluntary = Le engoing to participate in the Oniversity's group nearn insuranc manner as if employee had remained a full-time employee. Employee FTE reduction cannot be changed below 0.75 FTE (30 hours in wor 	Tooltip	Company Name
 Reduction in F I E will reduce salary. Salary will be prorated/adjusted based or accruals - vacations/banked/floating/sick leave - will be prorated/adjusted based Retirement contributions and Social Security contributions will be adjusted base 	Validation	Email Date
Manager/supervisor will determine reduced work schedule, start date and end work schedule. Employee must remain on reduced work schedule for a period determined by r	Appearance	Data Fields Text Input
 Before any reduction in hours will occur, "Voluntary F 1E Reduction Request" n manager/supervision, thereafter must be approved by administrator of the depa be approved by human resources. 	Tools	~
 Employee may winnoraw 'voluntary F1E Reduction Request' at any time prior Reduced schedule will become permanent if employee remains on reduced sc years. If employee currently holds a FLSA exempt/salary position a reduction in work employee status as an exempt/salary employee under the Fair Labor Standarc salary threshold for evennt nositions is SRA per workweek, which annulizes. 	Delete Field	Cancel OK

11. Once all fields are assigned to the appropriate approvers > select Send The recipients will receive an email requesting them to Review and Sign.

	RECIPIENTS	
Nebraska	Anyone	
Medical Center	Signature Fields	
HUMAN RESOURCES	Signature	
VOLUNTARY FTE REDUCTION REQUEST FORM	Initials	
Date: * Employee Section - Please review Page 2 prior to completing form	Signatura Plack	
Last Name: * First Name: * Personnel #. * Title: *	Stamp	
Department: * UNIT: *Select E-mail: * Work Phone #. *	: Stamp	
Pay Cycle: * Proposed Reduced FTE: * Proposed Start Date: *		
*	Signer Info Fields	
Manager/Supervisor Information		
Last Name: * First Name: * E-mail: * Work Phone # *	Data Fields	
UNIT/Department Administrator Information		
Last Name: * First Name: *	Transaction Fields	
am hereby requesting that my current work schedule be reduced, with the understanding and acknowledgement that his reduction will affect my salary and other terms and conditions of my employment. Specifically, I understand that, my request is approved, my work schedule could be reduced to a 0.75 full-time equivalent (FTE) position, with a oresponding reduction in my salary and corresponding adjustments to my accruaid of vacation and sick leave benefits, eliterent contributions, and Social Security. This reduction in my schedule also could affect my status as nexempt mployee under the Fair Labor Standards Act (FLSA) if I currently hold a FLSA exempt position. My eligibility to participate in the University's group health insurance plans will continue in the same manner as if had remained a full- me employee. Inderstand that my request must first be approved by my supervisor, the chief administrative	Reset Fields	
	Send	



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12. The final screen will show that it was sent successfully.



"Voluntary-FTE-Reduction-Request-Form - 09-15-20" has been successfully sent for signature

A copy has also been sent to you at tatym.rowley@unmc.edu for your records. "Voluntary-FTE-Reduction-Request-Form - 09-15-20" was sent for signature to tatym.hutchison@unmc.edu.

As soon as the agreement is complete, all eligible parties will be e-mailed PDF copies.

Reminders There are no reminders set for this document.

All agreements that are not completed within 365 days will be automatically expired.