



**HUMAN RESOURCES**

**VOLUNTARY FTE REDUCTION REQUEST FORM**

Date:			
<b>Employee Section - Please review Page 2 prior to completing form</b>			
Last Name:			First Name:
Personnel #:		Title:	
Department:			UNIT:
E-mail:			Work Phone #:
Pay Cycle:		Proposed Reduced FTE:	Proposed Start Date:
Proposed Schedule for New/proposed FTE			
Manager/Supervisor Information			
Last Name:			First Name:
E-mail:			Work Phone #:
UNIT/Department Administrator Information			
Last Name:			First Name:
E-mail:			Work Phone #:

I am hereby requesting that my current work schedule be reduced, with the understanding and acknowledgement that this reduction will affect my salary and other terms and conditions of my employment. Specifically, I understand that, if my request is approved, my work schedule could be reduced to a 0.75 full-time equivalent (FTE) position, with a corresponding reduction in my salary and corresponding adjustments to my accrual of vacation and sick leave benefits, retirement contributions, and Social Security. This reduction in my schedule also could affect my status as an exempt employee 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 I had remained a full-time employee. I further understand that my request must first be approved by my supervisor, the chief administrative officer of the UNIT and human resources before any reduction in hours will occur and that I may withdraw my request at any time prior to final approval being granted. Once my request has been approved, however, I understand and agree that my supervisor will determine my reduced work schedule, that I must remain on that schedule for a period determined by my supervisor, and that the reduced schedule will become permanent if I remain on that schedule for a period of three (3) years. This request is being made voluntarily and without coercion or undue influence by any University representative.

<b>Employee Signature</b>		<b>Date:</b>	
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<b>Manager/Supervisor Section - Please review Page 2 prior to completing form</b>			
Approve/Decline Request:		If approved, FTE Reduction approved:	
Approved Start Date:		Approved End Date:	
Approved Schedule for New FTE			
Supervisor Signature			Date:
<b>UNIT/Department Administrator Section - Please review Page 2 prior to completing form</b>			
Approve/Decline Request:		If approved, FTE Reduction approved:	
Administrator Signature			Date:
<b>Human Resources Section</b>			
Approve/Decline Request:		Approved Start Date:	
HR Signature:			Date:

## Voluntary FTE Reduction

- ✦ Only Full Time (FTE 100% - 40 hours a week) staff employees are eligible for “Voluntary Reduction in FTE”.
- ✦ Employees who are working for the University under a USCIS Visa agreement or a Green Card are not eligible to participate in this program.
- ✦ Voluntary FTE eligibility to participate in the University's group health insurance plans will continue in the same manner as if employee had remained a full-time employee.
- ✦ Employee FTE reduction cannot be changed below 0.75 FTE (30 hours in work week).
- ✦ Reduction in FTE will reduce salary. Salary will be prorated/adjusted based on FTE reduction (new FTE). Leave accruals - vacations/banked/floating/sick leave - will be prorated/adjusted based on FTE reduction (new FTE).
- ✦ Retirement contributions and Social Security contributions will be adjusted based on FTE reduction (new FTE).
- ✦ Manager/supervisor will determine reduced work schedule, start date and end date of reduced FTE/reduced work schedule.
- ✦ Employee must remain on reduced work schedule for a period determined by manager/supervisor.
- ✦ Before any reduction in hours will occur, “Voluntary FTE Reduction Request” must first be approved by manager/supervisor, thereafter must be approved by administrator of the department/UNIT and thereafter must be approved by human resources.
- ✦ Employee may withdraw “Voluntary FTE Reduction Request” at any time **prior** to final approval being granted.
- ✦ Reduced schedule will become permanent if employee remains on reduced schedule for a period of three (3) years.
- ✦ If employee currently holds a FLSA exempt/salary position a reduction in work schedule/FTE could affect employee status as an exempt/salary employee under the Fair Labor Standards Act (FLSA). **FLSA minimum salary** threshold for exempt positions is \$684 per workweek, which annualizes to \$35,568. An FTE reduction that causes an employee to fall at or below the FLSA threshold will be changed to non-exempt and paid hourly.
- ✦ Employee “FTE Reduction Request” is being made voluntarily and without coercion or undue influence by any University representative.

## Basic Process

- ✦ Contact Benefits Office at [unmcbenefits@unmc.edu](mailto:unmcbenefits@unmc.edu) for questions regarding participation in benefit programs.
- ✦ Employee completes Employee Section and signs “Voluntary FTE Reduction Request Form”. **Note:** Incomplete “Voluntary FTE Reduction Request Form” may be returned to employee asking employee to complete Employee Section in detail. Contact HR – Compensation at [unmccompensation@unmc.edu](mailto:unmccompensation@unmc.edu) for questions about this form.
- ✦ Employee forwards completed and signed “Voluntary FTE Reduction Request Form” to manager/supervisor. Manager/supervisor reviews “Voluntary FTE Reduction Request Form”, approves or declines request:
  - If approved, manager/supervisor determines reduced work schedule, start day and end date of reduced work schedule. Completes Manager/Supervisor Section and signs “Voluntary FTE Reduction Request Form”. Thereafter, forwards completed and signed “Voluntary FTE Reduction Request Form” to department/UNIT administrator.
  - If declined, completes and signs form and notifies employee. In addition, sends completed form to Administrator. PAF Coordinator uploads form in ADIS. End of process.
- ✦ Department/UNIT administrator reviews “Voluntary FTE Reduction Request”, approves or declines request:
  - If approved, administrator completes UNIT/Department Administrator Section and signs “Voluntary FTE Reduction Request Form”. Thereafter, forwards via e-mail (PDF) completed and signed “Voluntary FTE Reduction Request Form” (PDF) to human resources - compensation at [unmccompensation@unmc.edu](mailto:unmccompensation@unmc.edu).
  - If declined, completes and signs form notifies manager/supervisor and employee. PAF Coordinator uploads Form in ADIS. End of process.
- ✦ Human Resources – Compensation reviews “Voluntary FTE Reduction Request”, approves or declines request:
  - If approved, human resources - compensation representative completes Human Resources Section and signs “Voluntary FTE Reduction Request Form”. Thereafter, forwards via e-mail (PDF) completed and signed “Voluntary FTE Reduction Request Form” (PDF) to manager/supervisor, department/UNIT administrator, human resources-benefits at [unmcbenefits@unmc.edu](mailto:unmcbenefits@unmc.edu) and payroll at [unmcpayroll@unmc.edu](mailto:unmcpayroll@unmc.edu).
  - If declined, completes and signs form, notifies manager/supervisor and department/UNIT administrator. Manager/supervisor notifies employee. PAF Coordinator uploads Form in ADIS. End of process.
- ✦ After all approvals have been secured Department/UNIT:
  - Completes PAF with new reduced FTE with reason “Voluntary FTE Reduction”.
  - Attaches completed and signed Voluntary FTE Reduction Request Form to PAF.
  - Uploads PAF with attached Voluntary FTE Reduction Request Form in ADIS.
  - Enters FTE change in SAP as following:
    - Personnel Action Code: 29 - University Employee (FTE) Schedule change
    - Action Reason Code: 05 - Voluntary FTE Reduction

Action	Name of Action Type	Act.Reason	Name of reason for acti...
29	Univ Empl% (FTE)/Sched Change	05	Voluntary FTE Reduction

- For questions (PAF or SAP entry) department may contact HR Records at [hrecords@unmc.edu](mailto:hrecords@unmc.edu).