

COM-T FTE REDUCTION REQUEST FORM

Complete and email this form to Richard Chavez at richardchavez@arizona.edu **AND** Jerie Schulz at jschulz25@arizona.edu. Attach the employee's written voluntary FTE reduction request. This should include the employee's acknowledgment that their benefits may be impacted, **and** any future request to increase the FTE may not be approved.

Date	
Department Name/Number	
Requestor	

Employee Name	
Employee ID	
Current FTE	
Requested FTE	

Brief explanation of the request:
How will the department handle the work of the employee voluntarily requesting an FTE reduction?
How long is the FTE reduction expected to last?
Does the employee understand/acknowledge that a future request to increase the FTE may or may not be approved and do they acknowledge if the change impacts their benefits? (Yes or No)

If COM-T HR supports the request, we will seek approval from Jenna Elmer, Director of Human Resources, UAHS-HR/College of Medicine-Tucson.