CHANGE IN FTE
ACCEPTANCE STATEMENT

This is to certify that I am voluntarily accepting a change in the percent time of my position. I understand that certain benefits, such as insurance, holiday pay and service time are based on my total job percent time, and that a change in my overall FTE will change the rate at which benefits are calculated. I further understand my employment rights and that my new appointment will remain in effect indefinitely. I acknowledge that it is my responsibility to contact University Payroll and Benefits (UPB) regarding these changes (217-333-3111).

Current Job FTE: ___________________________ Position Number: ________________
Requested Job FTE: ________________________
Effective Date: ____________________________

_________________________________________ __________
Employee Name UIN

_________________________________________ __________
Employee Signature Date

__________________________________________
Classification

__________________________________________
Department/Unit

__________________________________________
Authorized Department/Unit Administrator

__________________________________________
Authorized Department/Unit Administrator Signature Date

Note to department/unit administrator: Any change in the above employee’s Job FTE will be effective the beginning of the payroll period following receipt of this form by the Staff Human Resources. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment.

01/24/2013