



Change in Percent Time/FTE Acceptance Form for Academic Employees
(Not Applicable for Graduate Student Employees)

This is to certify that I am requesting or voluntarily accepting a change in my job percent time/FTE (Full-Time Equivalent). I understand that certain benefits are based on my total job percent time/FTE, and that this change will impact my salary, insurance premiums, leave accruals, retirement contributions, holiday pay, and other employment rights. I understand that any future change to my FTE is not a guarantee and must be approved by my department.

Increase in Percent Time/FTE: I understand that an increase in percent time/FTE represents an increase in service and that my salary, retirement contributions, and leave benefits will be increased accordingly. If applicable, eligibility for insurance or my insurance premiums may also be impacted.

Reduction in Percent Time/FTE: I understand that a reduction in my total percent time/FTE represents a reduction in service and that my salary, retirement contributions, and leave benefits will be prorated accordingly from the effective date of the change. If applicable, eligibility for insurance or my insurance premiums may also be impacted. If I hold a current position(s) that is eligible for notice of nonreappointment rights, I also understand that a reduction in my percent time/FTE may impact my official notice of nonreappointment rights. I am aware that if my total percent time/FTE falls below 50% or .5 FTE, I may no longer be eligible for insurance benefits with the University, or cumulative sick leave.

I accept that it is my responsibility to contact the University Payroll & Benefits (UPB) office within:

- Thirty (30) calendar days of the effective date of the following change:
o Current position less than 50% FTE, moving to a 50% - 100% FTE position
• Sixty (60) calendar day of the effective date of the following changes:
o Current position 100% FTE enrolled in State insurance benefits, moving to a part-time position 50% - 99% FTE. If you waive coverage, this change will be effective as of the date you requested the waiver; therefore, you will be responsible for the health insurance premium at the part-time rate until that time.
o Current position 50% - 99% FTE, to a 100% FTE position
o Current position 50% - 99% FTE with State insurance benefits waived to a 100% FTE position

Current Percent time/FTE: _____ Proposed Percent time/FTE: _____

Current Salary: _____ Proposed Salary: _____

Position Number(s) _____ Effective Date of Change: _____

Employee Name: _____ UIN: _____

Employee Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Department(s)/Unit(s): _____

Authorized Department/Unit Administrator: _____
(if different than supervisor)

Authorized Department/Unit Administrator Signature: _____

For questions, contact University Payroll & Benefits (UPB)

Email: benefits@uillinois.edu
Urbana-Champaign: 217-265-6363
Chicago: 312-996-7200
Springfield: 217-206-7144

NOTE TO DEPARTMENT/UNIT ADMINISTRATOR: This signed document must be included as an attachment to the employee's Human Resource Front End (HRFE) Transaction using the FTE Change document type. The HRFE transaction should be submitted at least two (2) weeks prior to the FTE change but no later than 3 working days after the effective date of the change. This is required for timely reporting to CMS and SURS.