



Change in FTE Acceptance Statement For Civil Service Employees

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 (217-265- 6363).

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 Illinois Human Resources. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment.



**Illinois Human
Resources**

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Last Modified: November 19, 2020