



Voluntary Reduction Request Form – Non-Exempt Employees

Assignments may not be reduced to less than 9 months or less than 50% full-time equivalent (FTE)

Name: _____

Position Title: _____

Employee ID: _____

PCN: _____

TKL: _____

Dept: _____

By initialing below, you understand and agree to the following:

_____(Initials) I understand that if I am contributing to the PERS retirement system, **my PERS service credit will be reduced** if I work a schedule of less than 30 hours per week or if I have more than 10 days of intermittent or continuous leave without pay (LWOP) during a calendar year, including any time off contract.

_____(Initials) I understand that by reducing my contract, my retirement contributions will be reduced, my University leave accrual and holiday pay will be prorated, and that annual leave remains subject to a maximum accrual of 240 hours. *(Please see attached matrix that outlines benefit and pay impacts in reducing FTE and/or contract).*

_____(Initials) I understand that my hourly pay will remain the same, that the number of hours that I work during the fiscal year will be reduced, and that I will be on LWOP on the days that I take this time off. If I have no earnings during any pay period, I consent to the University withholding from my future pay the usual deductions for health care and other benefits for the pay period(s) of LWOP.

_____(Initials) I understand that if I agree to work a reduced year contract, I will not receive any pay while I am off contract. My payroll deductions for health coverage and other benefits will go into arrears during off contract periods.

_____(Initials) I understand that if I agree to work a reduced year contract, I will not receive any pay while I am off contract. My payroll deductions for health coverage and other benefits will go into arrears while I am off contract and I will pay this arrearage back at a rate of up to an additional 40% of biweekly premiums.

_____(Initials) I understand that if there is a furlough (requires approval of university president) in my unit, this voluntary reduction time will be subtracted from the required number of furlough days. I will not be required to take more unpaid furlough days than I would have without this voluntary reduction. I understand that this voluntary reduction does not otherwise protect me from furlough, layoff, or other personnel action.

_____(Initials) I understand that unless other changes are made to my employment contract in the meantime, my schedule will revert to my contract in effect prior to the voluntary reduction agreement(s).

_____(Initials) I understand that this request is subject to approval by my supervisor. I also understand that if approved, my appointment will reflect my voluntary reduction in the

