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| Text, logo  Description automatically generated | **Voluntary FTE Change Form** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:**  |
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| **Purpose of the Form:** Use this form when a department wants to permanently increase the FTE of an employee, or an employee wants to voluntarily decrease their FTE with department approval. This would be considered an on-going change in FTE, not temporary. Route this form via DocuSign with HR receiving the final copy.An involuntary FTE decrease is not handled by this form. Please consult with your HR Business Partner on this process and review the [Layoff Procedures for University Staff](https://www3.uwsp.edu/hr/Documents/Layoff%20Procedures%20for%20University%20Staff.pdf) or the [Non-Retention of Academic Staff-Procedures](https://www3.uwsp.edu/hr/Documents/Non-Retention%20of%20Academic%20Staff-Procedures.pdf). An increase now with an involuntary FTE decrease later would be considered a layoff or non-retention. The employee needs to initiate the voluntary decrease, otherwise it is considered a layoff or non-retention. |

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| **Person Information** |
| Name: |  | Empl ID/Rcd (00000000/0): |  |
| Department/School/Unit: |  |
| UW System (TTC) Title: |  | UW System (TTC) Code: |  |
| Employee Category | [ ]  Faculty [ ]  Academic Staff [ ]  Limited Appointee [ ]  University Staff |

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| **Appointment Action** |
| Reason for Request: | [ ]  Voluntary FTE Increase [ ]  Voluntary FTE Decrease |
| Current FTE: |  | Proposed FTE: |  |
| Proposed Effective Date\*: |  |

\*First day of the pay period following receipt of all materials in HR or a future date.

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| **Rationale** |
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| **Funding Information** |
| Amount($xx,xxx.xx) | Fund Code(xxx) | Program Code(x) | DeptID (Account) (xxxxxx) | Project ID(xxxxxxx) | **%** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|  | Total % must equal 100 | **0.00%** |

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| **DocuSign routing instructions** |

1 – Employee – “Needs to sign” and date

2 – Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date

3 – Dean/Director – “Needs to sign” and date (make sure to follow College or Division approval processes)

4 – Account Budget Manager (WISER) (if different than either prior signature) – “Needs to sign” and date

5 – Grant Accounting (if 113/133/144 account) – “Needs to sign” and date

**FOR ACADEMIC AFFAIRS**

6 – acadaffpforms@uwsp.edu – “Receives a copy”. AA will review and secure the remaining signatures and send copy to HR

**FOR ALL OTHER DIVISIONS**

6 – Vice Chancellor/Division Leader or designee – “Needs to sign” and date

7 – Chief Business Officer if FTE increasing – “Needs to sign” and date

8 – hr@uwsp.edu – “Receives a copy”

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| **Approvals** |
| By signing this I agree to this change in FTE to be voluntary. |
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| **Approved, Employee Date** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Department Chair/Associate Dean/Unit Supervisor Date** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Dean/Director Date** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Account Budget Manager (WISER) (if different than either prior signature) Date** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Grant Accounting (if funded through 113/133/144 account) Date** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Vice Chancellor/Division Leader or designee Date**  |
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| **If the FTE increases, the Chief Business Officer will approve for budget implications.** |
| By signing this I agree to this change in FTE. I understand a future FTE decrease would be considered a layoff or non-retention. |
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| **Approved, Chief Business Officer Date**  |

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| **For Human Resources** |
| New FTE: |  | Confirmed Effective Date: |  |