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 Sig	gnature Date
System Human Resource Services 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 System HR.