

## OUS Voluntary FTE Reduction Program Election Form

Please consider the following commitment carefully. If you are voluntarily electing to participate in the OUS Voluntary Reduction Program, please sign and submit this form to **OREGON STATE UNIVERSITY, Office of Human Resources. Instructions are at the bottom of this page.**

I am aware of the OUS Voluntary FTE Reduction Program. I support the Oregon University System's efforts to address the budgetary shortfall with the use of the OUS Voluntary FTE Reduction Program.

\_\_\_\_\_ I am employed at 1.0 FTE and, after consulting with my supervisor and/or the appropriate appointing authority, I voluntarily request a reduction in my appointment to 0.954 FTE for the period of May 1, 2009, to June 30, 2009.

\_\_\_\_\_ I am employed at \_\_\_\_\_ FTE and, after consulting with my supervisor and/or the appropriate appointing authority, I voluntarily request a reduction in my appointment to \_\_\_\_\_ FTE (which is 95.4% of my current FTE) for the period of May 1, 2009, to June 30, 2009.

Consistent with OUS administrative rules and policies, I understand that my voluntary election will require approval by the designated appointing authority for my institution. By my signature below, I acknowledge that this voluntary FTE reduction amends my 2008-09 notice of appointment or contract for the remaining pay periods prior to June 30, 2009. I understand that while my accrual of sick leave and vacation leave will be unaffected by this election, this action may affect other benefits including contributions to my retirement plan and FICA, which are based on my compensation.

\_\_\_\_\_  
Employee's Name and Job Title (please print)

\_\_\_\_\_  
Employee's ID Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Confirmation:

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Supervisor's Name (please print)

\_\_\_\_\_  
Vice Provost for Academic Affairs or  
Director of Human Resource's Signature

\_\_\_\_\_  
Date

**Instructions:** After you and your supervisor have signed this form, please send the original to the Office of Human Resources (OHR) via campus mail, or you may mail it to: Office of Human Resources, Oregon State University, 122 Kerr Administration, Corvallis, OR 97331-2132. If this form is being submitted just prior to the May 11 deadline, please fax a copy of the signed election form to OHR at 541-737-0553 so that we can begin payroll processing on your behalf. Voluntary FTE Reductions Election forms received by OHR after May 11, 2009, cannot be processed in the May payroll. Retain a signed copy of this form for your records.