

**UO Voluntary FTE Reduction Program Election Form**

**NOTE: To participate in the program in June return to Payroll by June 15 2009,  
Fax number: 6-1109.**

Please consider the following commitment carefully, and complete this form if you voluntarily elect to participate in the UO Voluntary FTE Reduction/Donation Program.

***I have read and understand the information I have received regarding the UO Voluntary FTE Reduction/Donation Program. I wish to participate by choosing the option I have designated below.***

**FTE Reduction (please select either Option 1 or Option 2, not both):**

1. I hold a 1.0 FTE appointment and am voluntarily requesting a 4.6% reduction in my FTE for the remainder of the fiscal year, ending June 30, 2009, to 0.954 FTE.

Starting first of June.

2. I hold a \_\_\_\_\_ FTE appointment and am voluntarily requesting a \_\_\_\_\_ reduction in FTE for the remainder of the fiscal year, ending June 30, 2009, to \_\_\_\_\_ FTE.

Starting first of June.

Note: Reduction in FTE must be approved by your supervisor.

By my signature below, I acknowledge that a voluntary FTE reduction amends the terms of my 2008-09 appointment for 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, it may affect other benefits including contributions to my retirement plan and FICA, which are based on my compensation. To estimate the salary impact of your FTE reduction, see: [http://brp.uoregon.edu/brp\\_files/FTE\\_Reduction\\_Calculator\\_June.xls](http://brp.uoregon.edu/brp_files/FTE_Reduction_Calculator_June.xls)

**Donation Option:**

I wish to have the amounts below deducted from my pay each month and contributed to the UO Academic Support Fund for the remainder of the fiscal year, ending June 30, 2009. My donation will be used to reduce the impact of budget cuts arising from the reduction in the UO's General Fund appropriation.

To estimate salary contribution for a desired FTE reduction, see: [http://brp.uoregon.edu/brp\\_files/Donation\\_Calculator\\_June.xls](http://brp.uoregon.edu/brp_files/Donation_Calculator_June.xls)

June \$ \_\_\_\_\_

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Employee Name                                      Employee Signature                                      Employee I.D. Number                                      Date

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\*Supervisor Name                                      \*Supervisor Signature                                      Department/Unit                                      Date

\*Supervisor's signature is required only for the FTE reduction.