UA Human Resources Phone: 907-450-8200 Email: ua-hr@alaska.edu



211 Butrovich Building 2025 Yukon Drive P.O. Box 755140 Fairbanks, AK 99775-5140

Voluntary Reduction Request Form Exempt Employees

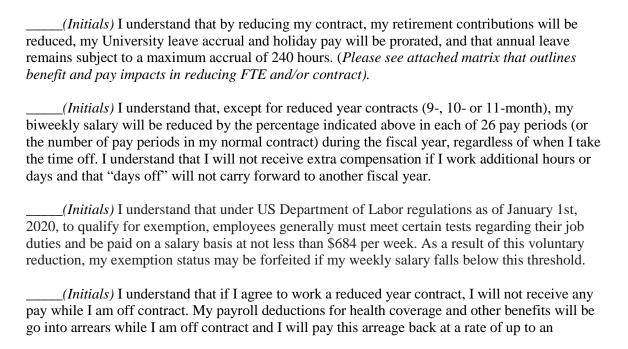
Assignments may not be reduced to less than 9 months or less than 50% full-time equivalent (FTE)

Name:	Position Title:
Employee ID:	PCN:
TKL:	Dept:
l voluntarily request and consent to the folfor FY25 only (July 14, 2024 through July	lowing reduction of my employment at the University of Alaska 12, 2025).
Work reduced hours each pay period:	
75 hours per pay period (6.25% reduction or 93.75% FTE)
70 hours per pay period (12.5% reduction or 87.5% FTE)
	20% reduction or 80% FTE)
	25% reduction or 75% FTE)
1 1 1	50% reduction or 50% FTE)
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(may not exceed 40 hours p	
(when possible, proposed s	chedule changes should align with the beginning of a pay period)
Reduced year contract:	
11-month contract	
10-month contract	
9-month contract	
Effective date:	
(when possible, proposed s	chedule changes should align with the beginning of a pay period)

IMPORTANT: To retain exempt status, an employee's earnings may not fall below \$844/weekly. If the employee's weekly salary will fall below the Fair Labor Standards Act (FLSA) established salary threshold of \$844, as a result of this voluntary reduction, please send this form to the UA Benefits and Compensation department for further review at ua-compensation@alaska.edu.

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.



Job form required to