



UNIVERSITY



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: _____

I voluntarily request and consent to the following reduction of my employment at the University of Alaska for FY25 only (July 14, 2024 through July 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)

64 hours per pay period (20% reduction or 80% FTE)

60 hours per pay period (25% reduction or 75% FTE)

40 hours per pay period (50% reduction or 50% FTE)

Proposed schedule: _____

(may not exceed 40 hours per week)

Effective date: _____

(when possible, proposed schedule changes should align with the beginning of a pay period)

Reduced year contract:

11-month contract

10-month contract

9-month contract

Proposed schedule: _____

Effective date: _____

(when possible, proposed schedule 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.

_____(Initials) I understand that by reducing my contract, my retirement contributions will be reduced, my University leave accrual and holiday pay will be prorated, and that annual leave remains subject to a maximum accrual of 240 hours. *(Please see attached matrix that outlines benefit and pay impacts in reducing FTE and/or contract).*

_____(Initials) I understand that, except for reduced year contracts (9-, 10- or 11-month), my biweekly salary will be reduced by the percentage indicated above in each of 26 pay periods (or the number of pay periods in my normal contract) during the fiscal year, regardless of when I take the time off. I understand that I will not receive extra compensation if I work additional hours or days and that “days off” will not carry forward to another fiscal year.

_____(Initials) I understand that under US Department of Labor regulations as of January 1st, 2020, to qualify for exemption, employees generally must meet certain tests regarding their job duties and be paid on a salary basis at not less than \$684 per week. As a result of this voluntary reduction, my exemption status may be forfeited if my weekly salary falls below this threshold.

_____(Initials) I understand that if I agree to work a reduced year contract, I will not receive any pay while I am off contract. My payroll deductions for health coverage and other benefits will be go into arrears while I am off contract and I will pay this arrearage back at a rate of up to an

Job form required to