



UNIVERSITY

## Voluntary Reduction Request Form Non-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).

FTE Reduction (work reduced hours each pay period):

\_\_\_\_\_ period (20% reduction or 80% 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)

Contract Reduction (reduced year contract):

-month contract

-month contract

-month contract

Proposed schedule: \_\_\_\_\_

Effective date: \_\_\_\_\_

(when possible, proposed schedule changes should align



