



Date:

To: Employee

From: Dean/Director/Supervisor

SUBJECT: Voluntary Decrease in FTE

This letter is your notification of a change in your appointment.

I am pleased that we are able to grant your request to reduce the full time equivalency (FTE) of your position. Your salary and benefits will be prorated accordingly. Prior to the effective date of this action, I encourage you to consult with a representative in the Benefits area of Human Resources to learn how the change in your FTE will affect your benefits. Please be advised that this FTE change will be effective on (Date) and continue until (Date).

Your annual salary at your current FTE is \$\_\_\_\_\_, and biweekly is \$\_\_\_\_\_. With the reduction of FTE to \_\_\_\_\_%, your new salary will be \$\_\_\_\_\_ and biweekly will be \$\_\_\_\_\_.

If you have any questions about this notification, please let me know.

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cc: Dean/Director  
Human Resources