



This is to certify that I am voluntarily requesting a change in my job percent time. I understand that certain benefits, such as insurance coverage, insurance premium contributions, holiday pay, number of floating holidays earned and service/seniority time, are based on my Full Time Equivalent (FTE), and that a change in my overall FTE will change the rate at which benefits are calculated. I acknowledge that it is my responsibility to contact the UIC Benefits Service Center regarding these changes (312-996-6471, or [benefits@uillinois.edu](mailto:benefits@uillinois.edu)).

**TO BE COMPLETED BY EMPLOYEE**

Current FTE: \_\_\_\_\_ Requested FTE: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Name UIN

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Classification Dept

**TO BE COMPLETED BY DEPARTMENT/UNIT**

Approved FTE: \_\_\_\_\_ Approved Effective Date: \_\_\_\_\_

Department justification for delayed effective date:

\_\_\_\_\_  
Authorized Dept/Unit Administrator

\_\_\_\_\_  
Authorized Dept/Unit Administrator Signature Date

**NOTE TO DEPARTMENT/UNIT ADMINISTRATOR:** Any change in the above employee’s job FTE cannot be processed retroactively, due to current CMS restrictions. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment and be submitted prior to the effective date of change. Failure to submit this request in a timely manner will result in the above employee’s request to be effective at the beginning of the payroll period following receipt of this form.