

## CHANGE IN FTE ACCEPTANCE STATEMENT

This is to certify that I am voluntarily accepting a change in my job percent time. I understand that certain benefits, such as insurance, holiday pay and service time, are based on my total job percent time, 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 UIC Benefits Service Center regarding these changes (312-996-6471)

Current Job FTE: \_\_\_\_\_ Requested FTE: \_\_\_\_\_

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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Employee Name UIN

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Employee Signature Date

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Classification Dept

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Authorized Dept/Unit Administrator

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Authorized Dept/Unit Administrator Signature Date

**NOTE TO DEPARTMENT/UNIT ADMINISTRATOR:** Any change in the above employee's job FTE will be effective at the beginning of the payroll period following receipt of this form. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment.