Illinois Human Resources
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

# Change in FTE Acceptance Statement For Civil Service Employees

This is to certify that I am voluntarily accepting a change in the percent time of my position. 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 further understand my employment rights and that my new appointment will remain in effect indefinitely. I acknowledge that it is my responsibility to contact University Payroll and Benefits (UPB) regarding these changes (217-265- 6363).

Current Job FTE: _____

Position Number: _____

Requested Job FTE: _____

Effective Date: _____

| | |
|---|---|
| Employee Name | UIN |
| Employee Signature | Date |
| Classification | |
| Department/Unit | |
| Authorized Department/Unit Administrator | |
| Authorized Department/Unit Administrator Signature | Date |

**Note to department/unit administrator**: Any change in the above employee's Job FTE will be effective the beginning of the payroll period following receipt of this form by the Illinois Human Resources. This signed document must be included with your Human Resource Front End (HRFE) Transaction as an attachment.

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*Last Modified: November 19, 2020*