

**UO Voluntary FTE Reduction/Donation Program Election Form**

**To participate in the program:** Return this form to Payroll Office in Oregon Hall by the **10<sup>th</sup>** of the month in which you want to start your deduction. For example, return by November 10 for November 1 effective date, appearing in the November 30 paycheck. Deductions will remain in effect until June 30, 2010, unless otherwise indicated. Note: You may stop the deduction or voluntary FTE election at any time.

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

**FTE Reduction:**

I hold a \_\_\_\_\_ FTE appointment and voluntarily request a \_\_\_\_\_% reduction in my FTE until \_\_\_\_\_ or until June 30, 2010. (Note: Reduction in FTE must be approved by your supervisor.)

By my signature below, I acknowledge that a voluntary FTE reduction amends the terms of my 2009-10 appointment for pay periods prior to June 30, 2010. I understand that while my accrual of sick leave and vacation leave will be unaffected by this election, it may affect other benefits including contributions to my retirement plan and FICA, which are based on my compensation.

To estimate the salary impact of your FTE reduction, see:  
[http://hr.uoregon.edu/oa/FTE\\_Reduction\\_Calculator%20FY10.xlsx](http://hr.uoregon.edu/oa/FTE_Reduction_Calculator%20FY10.xlsx)

**Donation Option:**

I request that \$\_\_\_\_\_ (amount) be deducted from my pay each month and contributed to my unit's budget until \_\_\_\_\_ or until June 30, 2010.

***I have read and understand the information I have received regarding the UO Voluntary FTE Reduction/Donation Program. I wish to participate by choosing the option I have designated above.***

\_\_\_\_\_  
Employee Name                      Employee Signature                      Employee I.D. Number                      Date

\_\_\_\_\_  
\*Supervisor Name                      \*Supervisor Signature                      Department/Unit                      Date

\*Supervisor's signature is required only for the FTE reduction.

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**Cancellation:**

I hereby cancel my voluntary FTE reduction or donation effective \_\_\_\_\_ (Date)

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