

## Voluntary FTE Change Request Form

Changes in FTE for faculty appointments must be submitted for approval through the appropriate administrative channels and approved by the Associate Provost for Academic and Faculty Affairs prior to any FTE change.

First Name	_____	Last Name	_____
Job Title	_____		
UFID	_____	Position Number	_____
College	_____	Department	_____
Contact Person	_____	Phone Number	_____

Justification for FTE Change. The justification must include the impact to the department, and must describe the proportionate adjustments in the faculty member's assigned duties needed as a result of the FTE change.

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**Information for Employee:**

This is to confirm your voluntary change in full time equivalency (FTE) from \_\_\_\_\_ FTE to \_\_\_\_\_ FTE at the University of Florida effective as of \_\_\_\_\_.

As a result of your FTE change, your typical work hours will be [Monday – Friday], \_\_\_\_\_ : AM - \_\_\_\_\_ : PM. Your prorated annual salary will be \$\_\_\_\_\_.

For tenure accruing positions, this action may impact your tenure and promotion process. For additional information regarding the tenure and promotion process, please contact the UFHR Faculty Relations Department at [opt@admin.ufl.edu](mailto:opt@admin.ufl.edu).

For information regarding the impact this change may have on your leave accrual, please contact UFHR Leave at [central-leave@ufl.edu](mailto:central-leave@ufl.edu) or by phone at (352) 392-2477. For information regarding any impact this change may have on your benefits, please contact UFHR Benefits at [benefits@ufl.edu](mailto:benefits@ufl.edu) or by phone at (352) 392-2840.

If you have any questions or concerns regarding the impact of this action on your employment with the University, please contact UFHR Employee Relations at [EmployeeRelations@hr.ufl.edu](mailto:EmployeeRelations@hr.ufl.edu) or by phone at (352) 392-1072.

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**Employee Acknowledgement:** I certify that I am requesting or voluntarily accepting a change in my FTE. I understand that certain benefits are based on my total FTE and that this change will impact my salary, insurance premiums, leave accruals, retirement contributions, holiday pay, and other benefits. I understand that any future changes to my FTE are not guaranteed and must be approved by my department.

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**Approval**

(The undersigned certify the accuracy of all information herein to the best of their knowledge and approve this action.)

_____ <b>Employee</b>	_____ Date	_____ <b>Chair/Director</b>	_____ Date
_____ <b>Dean</b>	_____ Date	_____ <b>Provost or Designee</b>	_____ Date

(Required for all faculty) (Required for tenured, tenure track, or in-unit faculty)

Upon completing this form and securing the appropriate approvals, please attach a copy to the corresponding ePAF in myUFL. For questions or assistance processing the request, please contact Classification & Compensation at [compensation@ufl.edu](mailto:compensation@ufl.edu) or by phone at (352) 273-2842.