

## Human Resources

### Reduction in FTE Agreement for Classified Staff & Service Professionals

#### FTE Reductions

In the event that a reduction in hours or length of work year may be necessary, there are different processes that must be followed based on the reason for the reduction. The reasons may include (but not be limited to) an employee request, funding concerns or medical reasons. Below are some definitions for each situation to assist you in determining the appropriate action. If you have questions, concerns or do not see your situation below, please contact your HR Employee Relations Consultant representative to discuss.

**Funding:** If the request is due to funding concerns –

- Is the position grant-funded?
- Was it posted as “incumbent ineligible for layoff or recall status” or was that language included in the offer letter to the incumbent?

If **YES** to both questions, please complete the Reduction in FTE Agreement form, scan and attach to ePAR prior to processing.

If **NO** to either question, please contact your HR Employee Relations Consultant to discuss your specific situation. The position may need to go through a layoff or non-renewal process instead.

**Employee Request:** If the reduction is due to a request by an employee -

- Is it voluntary and **not** based on a medical reason?
- Can the department still meet its goals and workload if the request is accommodated?

If **YES** to both questions, please complete the Reduction in FTE Agreement form, scan and attach to ePAR prior to processing.

If **NO** to either question, please contact your HR Employee Relations Consultant to discuss your specific situation. The position may need to go through a layoff or non-renewal process instead.

**Medical Reason:** If the reduction is due to a medical reason –

- Have the employee contact their [HR Benefits Advisor](#) as soon as possible to determine if their situation is covered under the Family Medical Leave Act or another NAU policy that covers leaves of absence. The Benefits Advisor will provide information and the necessary form(s) to the employee and/or supervisor as appropriate including instructions on how to reduce the FTE.
- Refer the employee to the [Equity and Access Office](#) to determine if their situation may be covered under the Americans with Disabilities Act. The OAA staff will provide information and the necessary form(s) to the employee and/or supervisor as appropriate including instructions on how to reduce the FTE.

If you are unsure if any of these apply to your situation, please contact your HR Employee Relations Consultant to discuss your specific situation.

Human Resources

Reduction in FTE Agreement for Classified Staff and Service Professionals

This form should be completed for reductions in FTE for positions that are **not** eligible for layoff status (grant funded) or for voluntary reductions in hours **not** related to a medical reason.

Once this form is completed, it should be signed, scanned and attached to the ePAR to process the FTE change.

Any questions about appropriate FTE reductions should be directed to your HR Employee Relations Consultant.

Employee Information

Name: \_\_\_\_\_ Current FTE: \_\_\_\_\_

Job Title: \_\_\_\_\_ Proposed FTE\*: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Classification:  Classified Staff  Service Professional

**\*Not less than 0.75 FTE**

Reason for FTE Reduction:

Reduction in grant funds. *(Can only be used for grant-funded positions that are not eligible for layoff or recall status as noted on original job posting and/or offer letter.)*

Voluntary reduction requested by employee **not related to a medical reason** that may or may not be covered under the Americans with Disabilities Act, the Family Medical Leave Act, and/or any NAU policies covering leaves of absence. Please provide a brief explanation of the reason for this request:

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I verify that this request is not for a medical reason that may or may not be covered under the Americans with Disabilities Act, the Family Medical Leave Act, and/or any NAU policies covering leaves of absence. Additionally, I understand that this request is being approved on a trial basis and that my supervisor may increase my FTE at any time at his/her discretion based on business need. Conversely, a request to return to my original FTE cannot be guaranteed. I understand that this reduction will reduce my salary and leave accruals which are calculated based on FTE.

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

## Human Resources

### Supervisor Information

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_

I verify that this reduction is not, to my knowledge due to a medical reason that may or may not be covered under the Americans with Disabilities Act, the Family Medical Leave Act and/or any NAU policies covering leaves of absence. Additionally, I verify that this reduction does not violate any terms of employment and does not meet the criteria of a partial layoff.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_