VOLUNTARY WORKLOAD DECREASE FORM FOR UNIT 18 NSF

DATE:

TO: DEAN

FROM: CHAIR/PROVOST/UNIT HEAD

RE: RECOMMENDATION FOR DECREASE IN APPOINTMENT PERCENT TIME

Name: ________________________________________  Dept/Unit: _______________________________

Title in Dept/Unit:  Pre-Six NSF ____  or  Continuing NSF ____  Annual Salary Rate:  $ _____________

Current:  9/9 ___ or  9/12 ___ and % Time _____  Proposed:  9/9 ___ or 9/12 ___ and % Time______

Current Pay Dates __________________________  Proposed Pay Dates _____________________________

Current Actual Salary ______________________  Proposed Actual Salary______________________

Proposed Reduction of Assignment(s) for Fall ____  Winter _____ and/or Spring ____ Quarter(s)

Funding Source:  __________________________

(Salary adjustments will be processed on the payroll cycle following submission of this form to the payroll office, or as arranged.)

PROPOSED CHANGE TO ASSIGNMENT(S):

______________________________

______________________________

FOR CONTINUING NSF ONLY:

Is this decrease in time TEMPORARY ____  or PERMANENT ______? (Please have NSF initial)

__________________________________________

Signature of Candidate  Date  Signature of Unit Head  Date

A revised appointment letter MUST be sent to candidate and department with explanation of reduced assignment and any impact on pay and benefits.

If PERMANENT, a revised appointment letter with the new continuing appointment base percentage must be issued.