

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.