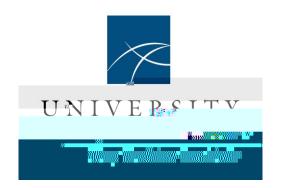
UA Human Resources Phone: 907-450-8200 Email: ua-hr@alaska.edu



211 Butrovich Building 2025 Yukon Drive P.O. Box 755140 Fairbanks, AK 99775-5140

Voluntary Reduction Request Form – Non-Exempt Employees Assignments may not be reduced to less than 9 months or less than 50% full-time equivalent (FTE)

Name:	Position Title:
Employee ID:	PCN:
TKL:	Dept:

By initialing below, you understand and agree to the following:
(Initials) I understand that if I am contributing to the PERS retirement system, my PERS service credit will be reduced if I work a schedule of less than 30 hours per week or if I have more than 10 days of intermittent or continuous leave without pay (LWOP) during a calendar year, including any time off contract.
(Initials) I understand that by reducing my contract, my retirement contributions will be reduced, my University leave accrual and holiday pay will be prorated, and that annual leave remains subject to a maximum accrual of 240 hours. (Please see attached matrix that outlines benefit and pay impacts in reducing FTE and/or contract).
(Initials) I understand that my hourly pay will remain the same, that the number of hours that I work during the fiscal year will be reduced, and that I will be on LWOP on the days that I take this time off. If I have no earnings during any pay period, I consent to the University withholding from my future pay the usual deductions for health care and other benefits for the pay period(s) of LWOP.
(Initials) I understand that if I agree to work a reduced year contract, I will not receive any pay while I am off contract. My payroll deductions for health coverage and other benefits will go into arrears during off contract periods.
(Initials) I understand that if I agree to work a reduced year contract, I will not receive any pay while I am off contract. My payroll deductions for health coverage and other benefits will be go into arrears while I am off contract and I will pay this arreage back at a rate of up to an additional 40% of biweekly premiums.
(Initials) I understand that if there is a furlough (requires approval of university president) in my unit, this voluntary reduction time will be subtracted from the required number of furlough days. I will not be required to take more unpaid furlough days than I would have without this voluntary reduction. I understand that this voluntary reduction does not otherwise protect me from furlough, layoff, or other personnel action.
(Initials) I understand that unless other changes are made to my employment contract in the meantime, my schedule will revert to my contract in effect prior to the voluntary reduction agreement(s).
(Initials) I understand that this request is subject to approval by my supervisor. I also understand that if approved, my appointment will reflect my voluntary reduction in the