



Request for Voluntary Reduction in Time

EmplID: _____ Employee Name: _____

Dept#: _____ Dept Name: _____

Immediate Supervisor: _____

Current Position Information:

Job Class: _____ Job Title: _____

Band: _____ Standard Hrs: _____ Salary _____

Revised Position Information:

Standard Hrs: _____ Salary _____ Begin Date: _____

Signatures:

Supervisor: _____ Date: _____

VP or Dean: _____ Date: _____

By signing this form, I acknowledge that the above requested reduction in hours was done on a voluntary basis and is a permanent decrease to the hours and pay of my position. I also acknowledge that Clemson University reserves the authority to rescind approval of my participation in the program in the event that University, college or departmental needs require.

Employee: _____ Date: _____

HR USE ONLY:

Approved: Salary Approved: \$ _____ Effective Date: _____

HR Authorized Signature: _____ Date: _____

FTE Authorized Signature: _____ Date: _____