



Notice of Intent to Reduce Hours

In accordance with the Reduced Time Program for the fiscal year 2020-2021, I have selected to reduce my hours to ¾ of my original contract. This election will be in effect for only one year, ending on June 30, 2021. Pursuant to this program, I understand:

- I will work 30 hours per week.
- My original contract pay will be reduced to 75%.
- I will accrue any vacation and/or sick leave at ¾ rate of that provided by policy.
- I am ineligible to participate as a recipient in the Catastrophic Leave Bank.
- Since my Retirement Contributions, Career Service Bonuses, Group Life Insurance, Short Term Disability, and Long Term Disability are linked to earnings, I understand that any of these plans that I have elected, participate in, or receive will be reduced proportionately (¾ rate).
- All of my health insurance and other employee benefits will remain unaffected.

Reduction of hours must be approved by the employee’s supervisor to ensure that all operational needs can be met within the department.

By signing this document, I certify that I have read and understand the provisions of the Reduced Time Program, and I am voluntarily electing to participate.

Employee’s Full Name (please print): _____

Employee’s T-Number: _____

Employee’s Department: _____

Employee’s Original Contract Pay: _____

Adjusted Pay at the ¾ Rate: _____

Employee Signature: _____ Date: _____

____ I have reviewed and approve this employee for the Reduced Time Program.

____ I have reviewed and deny this employee’s request for participation in the Reduced Time Program.

Supervisor Signature: _____ Date: _____

After completion of this form, it should be submitted to the Human Resources department for review. After approval, it will be forwarded to the appropriate individual to update the employee’s contract for the 2020-2021 fiscal year. Please note that this may cause a delay in when your employment contract will be available for signature.

- For employees that receive paychecks mid-month, all signed Notice of Intents must be submitted to Human Resources **no later than Wednesday, July 1, 2020.**
- For employees that receive paychecks at the end of the month, all signed Notice of Intents must be submitted to Human Resources **no later than Monday, July 13, 2020.**

For any questions, please contact Human Resources at (479) 968-0396 or hr@atu.edu.