

Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

Please Print. All fields must be complete. Illegible or incomplete applications will not be processed.

Name: _____ UNM ID: _____

College/Division: _____ Department: _____

Job Title: _____ Phone Number: _____

Manager: _____ Manager Phone Number: _____

Check the Campus Location:

- Checkboxes for Main Campus, Health Sciences Center, Branch Campus.

Check the Position Funding:

- Checkboxes for Non-Restricted Funding, Partial-Restricted Funding, 100% Restricted Funding (STOP-Not Eligible).

Check the FLSA Exemption Status:

- Checkboxes for Exempt (Salaried), Non-Exempt (Hourly).

Check the Employment Classification:

- Checkboxes for Faculty (STOP-Not Eligible), Staff.

I wish to Temporarily Reduce my Appointment Percentage from: _____ to _____

This request is for the reduction to be in place from: _____ to _____

This request for consideration to participate in the UNM Temporary Reduction in Appointment % is my individual choice and is my personal contribution to UNM. I understand that my manager, and any other level(s) of approval identified by my College, School, Branch, or Administrative Unit, will review this request and my proposed temporary reduction in appointment % to determine approval.

Taking a reduction in appointment % reduces my annual income in the year in which it is taken. This will impact my retirement benefit calculation if the year of the appointment % reduction is used in my high five average. Information on participation in Temporary Reduction in Appointment % may be subject to the Inspection of Public Records Act (IPRA), and UNM cannot guarantee that my participation will be anonymous.

Employee Signature: _____ Date: _____

Manager use only:

Managers should review and understand the conditions set forth in the document entitled "University of New Mexico Voluntary Furlough Program". This request should be evaluated on an individual basis and every consideration should be given to approve the request.

- Require back-fill, replacement, or overtime to be paid to other employees in order to facilitate the leave of absence.
Cause a disruption in the conduct of academic courses being delivered to students.
Result in a loss of revenue to the University.
Result in critical services not being delivered, as determined by the employee's management.
Cause undue hardship on an area with limited staffing, as determined by the employee's management.
Be detrimental to the operation of their particular area of responsibility, as determined by the employee's management.

I further understand the financial savings resulting from this action will be moved to an institutional campus index.

Do you approve the employee's Temporary Reduction in Appointment %, subject to validation by Human Resources?

- Yes
No - Reason:

Manager Signature: _____ Date: _____
Other (if required): _____ Date: _____
Other (if required): _____ Date: _____

Instruction to manager: Obtain any other approvals deemed necessary by your College/School/Branch/Administrative Unit and forward this document to the appropriate employment area (Faculty Contracts or Human Resources)

Employment Area /Payroll Use Only:

Verified: _____ Forwarded to: _____ Entered: _____

Notes: _____