

FTE Reduction Request Checklist

Name: _____ Associate Dean: _____

Department: _____ Salary: _____ Semester/Year:
Savings: _____ Fall _____ Spring _____ Yr. _____

Terms: _____

Requesting course coverage: n/a _____ No _____ Yes _____

Requirements:

- _____ 1. Faculty Request
- _____ 2. Chair's supporting letter
- _____ 3. Personnel Transaction Form
- _____ 4. Current Vita included

To be completed by the Dean's Office

Starting date {10/12?} _____ Associate Dean's Approval: _____

4 course annual load = 17% annual salary reduction per course

3 course annual load = 22% annual salary reduction per course

2 course annual load = 33% annual salary reduction per course