

SUNY Upstate Medical University
Nursing Department FTE Change Request Form

Instructions:

This form is to be completed by the employee, provided to the manager for review and signature, and uploaded by the manager with the F1 to the Position Control Committee (PCC) application. This must be done prior to the requested effective date of FTE change.

NOTE: in the case of an FTE increase, this request may take time to process based on timing of the PCC meeting.

Employee:

Complete the information below, print form, sign, and give to your manager prior to the requested FTE change date.

Manager:

Review, sign, and upload this form with F1 when you submit to PCC.

* If the request is from full-time to part-time, part-time to full-time, part-time to per diem, or per diem to part-time, the employee requesting must apply into it.

* Part-time to part-time can be filled without the employee having to apply.

Employee Name: _____

Upstate ID#: _____

Department: _____

Effective Date of FTE Change (start of pay period): _____

FTE Change: _____ (current) _____ (future)

Employee Comments (Optional):

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____