

Request for Change to FTE

University of Maryland Appointment Agreement

I am requesting to reduce / increase (circle one) my percentage of service from ___ FTE to ___ FTE for a period beginning _____ and ending _____.

(For 9-month appointments a semester request encompasses 8/23-1/07 or 1/8-5/22 and an academic year request, 8/23-5/22. Faculty on a 12-month appointment may request any 6- or 12-month period.) I understand that this change will affect my sick leave, my annual leave and the number of hours of annual leave that can be carried over from year to year.

Signature of Appointee Date

Printed Name UID Rank

Attachments: ___ Rationale ___ MOU outlining changes in expected duties

Primary Dept. Chair's Signature Date Unit

Primary Dean's Signature Date College

Secondary Dept. Chair's Signature* Date Unit

Secondary Dean's Signature* Date College

Provost's Signature Date