

TCLAS FTE Change Request & Acknowledgment Form*

Please complete the fields below and submit to your TCLAS divisional Director for approval.

Employee Name:		Employee ID:	
Unit:		Unit Code:	
Effective date of FTE change:			

Current Salary/FTE			Proposed Salary/FTE		
Job Title:			Job Title:		
Employee Type:			Employee Type:		
Employee Record #:			Employee Record #:		
Position #:			Position #:		
Total Salary:			Total Salary:		
Total FTE:			Total FTE:		
Account Number		%	Account Number:		%
Account Number		%	Account Number:		%
Account Number		%	Account Number:		%
			Does this change affect benefits status?		Y ___ N ___

Justification for FTE Change:

Contact Name (PLEASE PRINT)

TCLAS Divisional Director signature

Department Chair/Director signature

TCLAS Dean signature

I acknowledge this change to my appointment:

Employee signature

Date

**This form may be used for any ASU employee. A copy of the fully executed form will be returned to you for record-keeping. Tenure and tenure-track faculty will also receive a formal letter signed by the provost which they will be asked to acknowledge. Questions? Please contact your TCLAS Div Dir.*