

## TCLAS FTE Change Request & Acknowledgment Form\*

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

<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Sup Org Name:</b>			
<b>Effective date of FTE change:</b>			

Current Salary/FTE			Proposed Salary/FTE		
Business Title:			Business Title:		
Employee Type:			Employee Type:		
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. Faculty and Academic Professionals may receive a formal letter which they will be asked to acknowledge. Questions? Please contact your TCLAS Div Dir.*

*\*\*Please process updates/changes in Workday via the job change process.*