



New Mexico State University
FTE Change Acknowledgement

EMPLOYEE INFORMATION
Table with 2 columns and 2 rows: Name (Last, First, MI) / Aggie ID #, Current Job FTE / Requested Job FTE

I certify that I am requesting or voluntarily accepting a change in my job FTE (Full-Time Equivalent). I understand that a change in FTE may impact my benefits, total wages and other employment rights. I understand that any future change to my FTE is not a guarantee and must be approved by my department.

Please read and initial next to the statement that is applicable to your situation:

Increase in FTE: I understand that an increase in FTE represents an increase in service and that my salary, retirement contributions, and leave benefits will be prorated accordingly. Initials: \_\_\_\_\_

Reduction in FTE: I understand that a reduction in my FTE represents a reduction in service and that my salary, retirement contributions, and leave benefits will be prorated accordingly. I am aware that if my FTE falls below .75 or 75% of full time, I will no longer be eligible for insurance benefits with the University and may have limited access to other benefits. Initials: \_\_\_\_\_

If the department or the employee has questions regarding the benefit impacts of an FTE change, please contact Benefit Services at (575) 646-8000 or at benefits@nmsu.edu.

Employee Signature Date

VP/Dean/CC President Signature Date

NOTE TO DEPARTMENT/UNIT ADMINISTRATOR: This signed document must be included as an attachment to a Personnel Action Form(PAF). The PAF should be submitted at least two (2) weeks prior to the FTE change but no later than 3 working days after the effective date of the change.