BE THE NURSE EVERYONE LOOKS TO FIRST College of Nursing UNIVERSITY OF COLUMNO ANSCHUTZ MEDICAL CAMPUS

Keyed by (Required):

College of Nursing

FTE Change Request	Date Request Submitted:
Instructions:	
Faculty member and/or Staff member should complete the blue sections and submit to their supervisor for approval. It is advised that a conversation occur between faculty member and supervisor about the implications of the FTE change prior to the supervisor approving the rquest. Once the supervisor approves the request, they should submit to CON.HR@ucdenver.edu for processing.	
Employee Information	
Employee Name: (Last Name, First Name, Middle Initial) Job Title:	
<u> </u>	
EID: Office Phone:	Supervisor Email:
Deadline for submitting FTE changes is the 15th of the month prior to the month the change occurs (e.g. a change effective in October would need to be submitted to CON.HR@ucdenver.edu by Sept. 15th.) Effective Date of FTE Change:	
Current FTE: New FTE:	
Justification of FTE Change:	
Funding Distribution:	
Percent SpeedType	Description Funding End Date
Total:	
Total:	
Approval for FTE Change:	
Supervisor Approval (Required): Date:	

Confirmation FTE Change has been keyed in HR System

Date: