



REQUEST TO DECREASE TIME FROM KLTF EMPLOYEE

This form must be completed, signed and submitted for every requested REDUCTION to a **KLTF employee**. REDUCTIONS will be completed only once approval has been provided by Human Resource Services.

School/Site: _____

Employee Name: _____

For KLTF REDUCTION requests:

1. Employee's current FTE (total) including GL breakdown:

2. Proposed REDUCTION:

a) FTE: _____

b) Will this reduction drop the employee below 0.50FTE Yes _____ No _____

(If YES to the above - The Employee will no longer qualify for benefits)

c) GL code(s) and name(s) of account for REDUCTION (provide all, including breakdown by hour):

3. Start Date for REDUCTION: _____

4. End Date for REDUCTION: _____

5. Schedule of REDUCTION (needed for SFE): (eg: M-F, 2-3pm)

6. Principal's signature for REDUCTION: _____

7. Employee's signature for REDUCTION indicating acknowledgement:
