

# Allina Health EMS

## Request for change in FTE status

Employee must complete shaded areas and forward to their manager.

The decision to accept the request is the responsibility of the Director of Operations

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_

Current FTE status \_\_\_\_\_ Requested FTE status \_\_\_\_\_

☐ Increase in Work Agreement

☐ Decrease in Work Agreement – School/Other

☐ Filling Open Position or Posting for Increased FTE

Date you are requesting the change become effective \_\_\_\_\_

(Note: Decrease request require up to **30-days** to before change can occur)

**Reason for FTE Increase or Decrease:**

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Employee signature: \_\_\_\_\_

COMMENTS BY MANAGER or SUPERVISOR:

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**This request will NOT be processed without the accompanying**

- **Employee Change Form AND**
- **Non-Benefit Staff Work Requirement Form** (for staff that reduce their FTE below 0.5)

I the Manager or Supervisor: ☐ Recommend Approval ☐ Recommend against further approval

\_\_\_\_\_  
Manager or Supervisor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Director: ☐ Approved ☐ Denied

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

**Please forward approved copy to the employee, United HR Mailbox, EMS Admin, and the staffing department.**