



M E M O R A N D U M

TO: HR REGION A

FROM (PRINT NAME): _____

SUBJECT: Change in FTEs

DATE: _____

By signing below, I am agreeing to the following change in my FTEs/Salary:

- Effective Date: _____
 - Change in FTEs/Salary:
 - Check One:
 - Increase
 - Decrease
 - New FTEs: _____
 - New Salary: _____
- Signature: _____
- Date: _____
- Supervisor Name: _____
- Index(es) # and Percentage: _____
- Supervisor Signature: _____
- Date: _____