



FLEXIBLE EMPLOYMENT CONVERSION APPLICATION

Date:

I have reviewed the provisions of the **Flexible Employment Program** contained in SPP 214 and I wish to be considered for participation in the Program.

| | |
|-----------------------------|----------------------|
| Employee | ASU ID # |
| Classification Title | Current % FTE |
| Department Name | Department # |

Employment Type (Classified, University Staff or Non-faculty Administrator):
Exempt/Non-Nonexempt:

If accepted in the Flexible Employment Program, I request that the following pay period(s) be approved as non-work periods and understand that my current annual salary and current FTE percent will be proportionately reduced depending upon the number of non-work periods approved.

Non-Work Pay Periods Requested

| Pay Period | Beginning Date | Ending Date |
|------------|----------------|-------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

By executing this agreement, I understand and agree to accept a lower annual salary than was being paid to me before this agreement. I further understand and agree that should termination occur, Arizona State University would not be liable for additional wages. However, should termination occur at such time as I am advantaged by scheduled time off, I agree to repay Arizona State University the amount of overpayment.

While enrolled in the Flexible Employment Program, I may receive compensation for a period of time before I perform services for this compensation. If I leave my employment, my employment is terminated for any reason during this period, or my participation in the Program is terminated by mutual agreement before completion of any twelve (12) consecutive month period in the Program, I agree to reimburse the University for any excess payments received.

I understand that the amount I owe the university for excess payments will become due and payable at the time I terminate employment, and I hereby authorize the university to deduct from my last paycheck the amount of any excess payments. If my last paycheck is insufficient to cover all such excess payments, I agree to reimburse the university for any remaining excess payments within one month of my termination after which time they shall be deemed delinquent.



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I certify that I have read, understand and agree with the provisions of the Flexible Employment Program contained in SPP 214:

Signature of Employee

Date

APPROVAL OR DISAPPROVAL

The employee's request to participate in the Flexible Employment Program is

APPROVED

DISAPPROVED

If approved, the program will begin on _____. The previous non-work pay periods are approved.

APPROVED Non-Work Pay Periods

| Pay Period | Beginning Date | Ending Date |
|------------|----------------|-------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Proportionately reduced annual salary while participating in the program will be \$ _____.

Proportionately reduced FTE while participating in the program will be _____ %.

APPROVAL SIGNATURE:

Name

Title