Employee-Initiated Reduction In-Time Program (ERIT)

PROGRAM WORKSHEET FOR PAYROLL REPORTING

A. Employee/Department Information

Name: _____   Employee ID#: _____

Department Name: _____   Dept Code: _____

B. Establishment of ERIT Program

Employee Current FTE % _____

ERIT Participation %: _____
(minimum reduction of 5% and no more than 50%)

Effective Date: _____   **End Date:** _____
(minimum of 30 days participation)

Account/Fund/Sub: _____   Distribution %: _____

Account/Fund/Sub: _____   Distribution %: _____

Account/Fund/Sub: _____   Distribution %: _____

Account/Fund/Sub: _____   Distribution %: _____

C. Comments

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[                                                            ]
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PLEASE ATTACH COPY OF APPROVED ERIT CONTRACT

Department Administrator Approval: _____