MONITORING PERCENT OF TIME FOR FACULTY AND ACADEMICS

Since October 15, 2006, the VCHS Academic Affairs Office has monitored and approved the following voluntary changes in percent time, including and not limited to UC/VA Split Employees*:

1. Currently 49% time or less increasing to 50% time or more
2. Currently 50% time or more reducing to 49% time or less

Beginning March 1, 2017, in light of recent changes resulting from the implementation of the new federal Fair Labor Standards Act, the VCHS Academic Affairs Office will also be notified on all voluntary changes in percent time impacting the Exempt and Non-Exempt status for all Non-Faculty Academic Series, which may occur outside the above ranges.

Departments will be responsible for ensuring that faculty and academics are voluntarily reducing and increasing their time, and not being coerced to do so. Departments are also responsible for ensuring that faculty and academics are aware that voluntary changes as outlined above may impact their 8-Year Probationary clock as well as their eligibility for UCSD Benefits, HSCP membership, and exempt status, as applicable.

Please remember that these procedures only apply to Voluntary reductions/increases in time for non-Senate faculty and academics, not involuntary reductions in time. Please contact your Academic Resource Center or Department Contact for information regarding voluntary reductions in time with intent to resign from the University or take a position at an outside institution, and for voluntary increases in time from Non-salaried appointments (0% effort).

Only the following series are permitted to voluntarily change their percentage of effort:

1. Non-Faculty Academics Impacted by the Fair Labor Standards Act: Project Scientists, Research Scientists, Specialists, Academic Coordinators, and Academic Administrators
2. Eligible Faculty: Adjunct Professors and Health Sciences Clinical Professors (excluding CLIFF)
3. Senate Series with UC/VA Split Appointments: Ladder, In Residence and Clinical “X” Faculty, who hold UC/VA Split appointments, but will remain at 100% covered compensation and at APU 0 even after the voluntary change.

The following are required to remain at 100% effort at all times and are therefore ineligible to voluntarily change their percent time (APM 220-16, PPM 230-20):

1. Any candidate, from any of the series listed above, on H-1 Visas.
2. Senate Series without UC/VA Split Appointments: Ladder, In Residence and Clinical “X” Faculty cannot fall below 100% time.

For exceptions to policy (i.e. Senate Series requests or Involuntary Reductions in time), please contact Rebecca Woolston of the VCHS Academic Affairs Office at rwoolston@ucsd.edu.

*For all eligible series with UC/VA Split appointments, listed above, any changes to the UC portion that fall below or rise above the threshold must be monitored and submitted for VC approval.

Any changes to the language of this form, such as removing or altering the meaning of any section or statement without prior approval, will result in processing delays or disapproval of the request.

Revised: 1/2017
VOLUNTARY CHANGE IN PERCENT TIME SUBMISSION AND APPROVAL GUIDELINES

Effective on the 1st of the Month: Requests must be appropriately prepared and submitted to the VCHS Academic Affairs Office for approval, **no later than 2 weeks before the scheduled effective date.** Any requests submitted **after the 1st of the Month**, will require a Chair memo justifying late submission, with the understanding that for all late or inappropriately prepared requests, Departments are at risk of an over or underpayment. **Requested changes cannot be implemented in the PPS unless approval from the VCHS Academic Affairs Office has been granted.**

For Requests Effective on All Other Dates: Requests must be appropriately prepared and submitted to the VCHS Academic Affairs Office for approval **no later than the 1st of the month** in which the change will be effective. Any requests submitted **after the 1st of the Month**, will require a Chair memo justifying late submission, with the understanding that for all late or inappropriately prepared requests, Departments are at risk of an over or underpayment. **Requested changes cannot be implemented in the PPS unless approval from the VCHS Academic Affairs Office has been granted.**

Materials Required:

1. Completed “VOLUNTARY CHANGE IN PERCENT OF EFFORT” form*
   a. Signed by: Candidate, PI (if applicable), and Department Chair
   b. An outline of Voluntary Reduction or Increase percentages, and Effective Dates
   c. Justification of the Request, including any supporting documentation that will be needed (e.g. conflict of commitment/interest approval)
   d. For Senate Series with UC/VA Split Appointments: Statement confirming that they will remain at 100% covered compensation and APU 0.
   e. For Non-Faculty Academics: Accurately completed FLSA Exempt/Non-Exempt Status Box

2. For Late or Retroactive Requests: Additional signed Chair memo justifying reasons for late submission/retroactivity.

Note:

If previous voluntary changes in time have passed above or below the thresholds stated in the policy above, and are found to not have received the appropriate approvals, additional documentation may be requested.

Any changes to the language of this form, such as removing or altering the meaning of any section or statement without prior approval, will result in processing delays or disapproval of the request.

Revised: 1/2017
VOLUNTARY CHANGE IN PERCENT OF EFFORT

IN CONFIDENCE

[Date]

TO: Andrew Ries, M.D., M.P.H.
Associate Vice Chancellor for Academic Affairs Health Sciences
[or]
Robert S. Ross, M.D.
Assistant Vice Chancellor for Academic Affairs Health Sciences

From: Name of Requesting Academic
Title & Step, Request Effective Date and End Date
Department Name

RE: Request for Voluntary Change in Percentage of Effort for [Name and Series of academic appointee] from [XXX%] to [XX%]

I voluntarily request to reduce/increase my current appointment from [XXX%] effort to [XX%] effort, effective [Start Date], thru [End Date]. I realize that with this change to my UC percentage of effort to above/below 50%, my eligibility for UCSD benefits and HSCP membership may be impacted (for info, refer to: http://blink.ucsd.edu/sponsor/hr/org-chart/benefits.html). I am not appointed in the Ladder Rank, Professor In Residence, or Professor of Clinical X series, nor am I on an H-1 Visa, which require full-time 100% employment. [or] I am appointed in the Ladder Rank, Professor In Residence, or Professor of Clinical X series, but am currently funded at the VA and the University and will still remain at 100% covered compensation at APU 0.

The reason for this voluntary change in percent effort is based upon:
[Describe in detail the justification for the request.]

INTERNAL USE ONLY

Fair Labor Standards Act (FLSA): Exempt & Non-Exempt Status for Non-Faculty Academics in the Following Series (Project Scientist, Research Scientist, Specialist, Academic Coordinator, and Academic Administrator Series)

☐ Exempt: Exempt from Time Keeping and Overtime Pay. [Title Code]

☐ Non-Exempt: Non-exempt, eligible for overtime and must track and record all hours worked. [Title Code]

I am aware that as an [Rank Series, Step], this voluntary change in percentage of effort, my current appointment percentage is [XX%], equivalent to [XX] hours a week. My hourly rate will be [SXX.XX]. Effective [Request Effective Date], I will be considered a [Exempt/Non-Exempt] Employee. I have been advised to speak with my supervisor or Department contact for more information.

Any changes to the language of this form, such as removing or altering the meaning of any section or statement without prior approval, will result in processing delays or disapproval of the request.

Revised: 1/2017
Thank you in advance for your consideration of this request.

**Person Requesting Increase/Reduction:**

Signature: ____________________________
Name/Title: ____________________________ Date:

**Signature of PI (required for Project Scientists and Specialists):**

Signature: ____________________________
Name/Title: ____________________________ Date:

**Signature of Department Chair/ORU Director:**

Signature: ____________________________
Name/Title: ____________________________ Date:

**Reviewed & Approved by AVCHS Academic Affair’s Office:**

Signature: ____________________________
Name/Title: Andrew L. Ries, M.D., M.P.H. Date:
Associate Vice Chancellor for Academic Affairs, Health Sciences

[or]
Robert S. Ross, M.D.
Assistant Vice Chancellor for Academic Affairs, Health Sciences

Any changes to the language of this form, such as removing or altering the meaning of any section or statement without prior approval, will result in processing delays or disapproval of the request.

Revised: 1/2017