



## Change In Appointment Percent

Applicable: Staff Employees

Doc Owner: HR Client Services  
Submit to: As attachment to EPAF

**Instructions:** Submit this form to supplement an EPAF for a change in Appointment Percent (or Full Time Equivalency "FTE") for staff employees. If processing an involuntary change, contact your HR Consultant for additional guidance before completing this form.

Employee Details			
Employee Name:	Banner ID:	Personnel Start Date:	
Department Name:	Org Code:	Personnel End Date:	
Current Appointment Percent:                    %		Proposed Appointment Percent:                    %	
Will this change in appointment percent result in an EClass change?			
Current EClass Code/Description:		Current Annual Salary: \$	
Proposed EClass Code/Description:		New Annual Salary: \$	
<b>Describe the reason for the change as per discussed with the employee.</b>			

### Acknowledgements

**By signing and submitting this form, the Employee acknowledges the following as they may apply.**

- The salary threshold to maintain an exempt status is \$684 per week (\$35,568 annually). Any changes to exemption status will begin on the personnel date noted above.
- If Employee changes from exempt to nonexempt; pay schedule changes from monthly to bi-weekly pay.
- If Employee changes from nonexempt to exempt; pay schedule changes from bi-weekly to monthly pay.
- Appointment Percent changes resulting in an increase above 25% will result in the employee making contributions to the NM Educational Retirement Fund and earning service credits.
- Appointment Percent changes resulting in a decrease to 25% or lower will result in the employee not making contributions to the NM Educational Retirement Fund nor earning service credits.
- Appointment Percent changes may impact benefits eligibility and/or premium contributions. Review [UNM's Contribution to the Cost of Insurance](#) page or contact a Benefits & Employee Wellness representative at [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu) to discuss potential changes.

Employee Signature:	Supervisor Name:
	Supervisor Signature:

**Submission Instructions:** Attach form to EPAF transaction in [LoboWeb](#). If Appointment Percent change is temporary, submit a second EPAF with the future date that returns employee to their original Appointment Percent.