

MEMORANDUM

DATE:

TO:

FROM:

SUBJECT: 10 Month Assignment

This confirms the change in your work schedule to a 10 Month assignment. Effective _____, you will begin a work schedule that consists of 10 consecutive months with a .833 FTE.

- 1) Your salary/pay rate will remain _____.
- 2) You will be placed on a Leave without Pay for the 2 months off
- 3) Vacation, sick, and personal holiday time accruals will be based on a 1.0 FTE for the 10 months worked. No benefit time will accrue during the 2 months of Leave without Pay.
- 4) You are eligible for all benefits as other full time employees.
- 5) Any applicable medical, dental, or vision premiums will go into arrears during the months without pay (due to the 10 month schedule) and will be deducted in full upon your return to work.
- 6) 10 months must be worked between July 1 and June 30 to ensure the full year of TRS credit.
- 7) This assignment should remain in place for one year and will be reviewed and re-confirmed on an annual basis.
- 8) Each of us reserves the right to revisit the schedule in order to ensure timely completion of your job duties.
- 9) Understand that if you request to transition back to a 12 month assignment in the future, we may or may not be able to accommodate your request.

Please sign and date below, upon review of the above conditions of this transition and the adjustments in pay and benefits.

Employee Signature

Date