

MEMORANDUM

DATE:

TO:

FROM:

SUBJECT: Reduced Weekly Work Schedule (at least 32 hours)

This confirms the change in your work schedule to a 32 Hour assignment. Effective _____, you will begin a reduced work schedule of _____ hours per week with a FTE of _____.

- 1) Under the new schedule, your adjusted monthly salary will be _____ (if applicable).
- 2) Regularly scheduled work days will be _____.
- 3) It is possible that due to workload and/or staffing, you may occasionally be asked to work on your scheduled off day.
- 4) You will be paid for designated holidays which occur on a scheduled work day by using Personal Holidays. You will not be paid for holidays that occur on your scheduled off day.
- 5) You are eligible to use vacation, sick time and personal holidays subject to the same guidelines as employees working 40 hours per week. However, benefit accruals will be prorated and may not be used to supplement your schedule.
- 6) Vacation, sick time and personal holiday accruals will be based on a .8 FTE or higher. If you work 40 hours in a work week, they will be based on 1.0 FTE.
- 7) You are eligible for all benefits as other full time employees, including a full TRS credit year.
- 8) You are asked to make every effort to schedule routine doctor's visits or other personal appointments on your scheduled day off.
- 9) Each of us reserves the right to revisit the schedule in order to ensure timely completion of your job duties.
- 10) Understand that if you request to transition back to a 40 hour per week schedule 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

