EPA PERMANENT EMPLOYEE
CHANGE OF EMPLOYEE SALARY AND/OR WORK SCHEDULE (FTE) WITH A RESULTING FTE
OF .49 OR BELOW

** THIS CHANGE RESULTS IN THE EMPLOYEE MOVING FROM PERMANENT TO
TEMPORARY STATUS DUE TO NEW WORK SCHEDULE **

SUPPLIED BY EPA NON-FACULTY HUMAN RESOURCES
** REVISED AS OF 7/15/2008 **

NOTES FOR UNIT MANAGEMENT PREPARING THIS LETTER

NOTE 1: This template is updated periodically to reflect changes in policy or business procedures. Please assure you are using the most up-to-date template by checking for the latest version on the EPA Non-Faculty Form Finder of the OHR web site. You may also contact EPA Non-Faculty Human Resources for assistance at 962-2897.

NOTE 2: It is preferable this letter be delivered in person to the employee. If this is not possible or practical, the original signed letter should be sent via 1st class mail with a PDF copy of the signed letter sent via electronic mail. When the letter is sent via 1st class US Mail, 3 calendar days should be added to any required notice period to account for mail delivery. 1 day should be added in the event overnight delivery is used.

NOTE 3: If the reason for the change is loss of funding and the employee’s most recent appointment or reappointment letter reflects a valid contingency clause; no notice is required but a minimum 30-day notice is suggested. Absent a loss of funding and a valid contingency clause, “at-will” employees in their 1st year of service require a 30 day notice of a change in FTE or salary and “at-will” employees in their 2nd or greater years of service require a 90-day notice of salary or FTE change. If you are changing the salary or FTE of a term appointment employee other than due to a funding contingency, please consult with EPA Non-Faculty Human Resources prior to implementing or communicating the proposed change.

NOTE 4: If the reason for the salary or FTE change is a loss of funding and the employee’s appointment includes a funding contingency, add the following language for the reason for the change. “The reason for this change is a loss of the availability of funds from sources other than continuing state budget funds or permanent trust funds and therefore in accord with the funding contingency clause which is part of the terms of your appointment. [The department may optionally add: Specifically, we have lost the XYZ grant which has reduced the amount of funding available for your position.]”

NOTE 5: An employee whose FTE is reduced to .49 or below no longer accrues or is able to use any type of leave. The Department has discretion to permit such an employee to use earned leave prior to reducing the FTE. However, at the time the FTE is reduced, the Department must payout annual and bonus leave up to the permitted maximums. If the employee returns to leave earning status within five years, the sick leave balance would be reinstated.

NOTE 6: To identify the Benefits Specialist assigned to your work unit, including telephone and e-mail contact information, use the HR Connect Tool at http://hrconnect.unc.edu/ and enter your department number and the category of “Benefits Questions.”

NOTE 7: A copy of the signed letter is provided to EPA Non-Faculty Human Resources as an attachment to the EPAWeb end of employment action. Please do not send paper copies of these letters to OHR.

If you have specific questions with the content of this template or would like assistance in preparing this letter, contact EPA Non-Faculty Human Resources or you may seek the assistance from the Office of University Counsel.

** TEMPLATE BEGINS ON NEXT PAGE **
[DATE OF LETTER]

[EMPLOYEE NAME]
[HOME OR OFFICE ADDRESS DEPENDING ON WHERE DELIVERED]

RE: Change in Salary and/or FTE Status

Dear [NAME]:

This letter is to inform you that the following changes are being made to the terms of your current [AT-WILL / TERM] EPA non-faculty appointment as [JOB TITLE] in [WORK UNIT NAME], effective on [INSERT EFFECTIVE DATE OF CHANGE; SEE NOTE 3 FOR GUIDANCE ANY ON REQUIRED NOTICE PERIODS, WHEN APPLICABLE].

Prior Work Schedule: [XX FTE OR XX HOURS PER WEEK]
New Work Schedule: [XX FTE OR XX HOURS PER WEEK]

Prior Annual Salary per FTE: [ANNUAL SALARY AMOUNT]
New Annual Salary per FTE: [ANNUAL SALARY AMOUNT]

The reason for [THIS CHANGE / THESE CHANGES] is [INSERT BRIEF EXPLANATION OF REASON; SEE NOTE 4 WHEN THE REASON FOR THE CHANGE IS A LOSS OF FUNDING AND THE EMPLOYEE HAS A FUNDING CONTINGENCY].

Due to your work schedule being changed to less than half-time, you are also notified that your current permanent EPA non-faculty appointment is being ended in accordance with the applicable EPA Non-Faculty Employment Policies of The University of North Carolina at Chapel Hill and you are now a temporary appointee. A copy of these policies is available on the University’s web site at http://hr.unc.edu/epanf/epa-nf-pol/basic-terms/epanfpol or I can provide a copy to you on request. As your appointment is now temporary, it is subject to extension, change, or discontinuation at any time and for any reason without notice at the discretion of the appointing Department Head.

Please note that temporary appointees are not eligible for annual leave and sick leave accrual or most University benefits such as the State Health Plan, the State Retirement Plan or the University’s Optional Retirement Plan. Any annual and bonus leave that you have accrued as of the effective date of your FTE change as noted above will be paid-out up to the permitted maximum. Should you return to leave earning status within the next five years, your sick leave balance would be reinstated. You are eligible to optionally participate in the University’s supplemental 403(b) retirement savings programs but this program does not include any University contributions.

I would encourage you to contact [INSERT NAME OF OHR BENEFITS SPECIALIST] in the Benefits & Employee Services Department of the Office of Human Resources to obtain more detailed information on the impact of this change to your benefits and the various benefits continuation options available to you. [HE/SHE] may be reached at telephone: [INSERT TELEPHONE #] and email [INSERT E-MAIL ADDRESS]). [SEE NOTE 6 TO DETERMINE YOUR DEPARTMENTS OHR BENEFITS SPECIALIST].

I appreciate your continued service as a member of [WORK UNIT NAME]. Please acknowledge receipt of this letter below to signify your acceptance of these changes to your appointment.

Sincerely,

[SIGNATORY NAME AND TITLE]
cc:  Departmental Personnel File
     Dean/Division Office [AS APPLICABLE FOR YOUR AREA]
     EPA Non-Faculty Human Resources

Acknowledgement by Employee:

__________________________________________  ___________________
(signature)       (date)