# Letter Template – FTE/Salary Increase

DATE

TO: EMPLOYEE’S FIRST AND LAST NAME

FROM: REPRESENTATIVE’S FIRST AND LAST NAME, TITLE

COLLEGE/SCHOOL

DEPARTMENT

Dear EMPLOYEE’S FIRST NAME,

This letter is to notify you of the permanent increase in scheduled hours from X hours to X hours per week in accordance with our recent discussions regarding the increase in workload in DEPARTMENT’S NAME. Your current salary of $X at X FTE will be prorated to $X at X FTE. The FTE change will be effective MONTH DAY, YEAR.

The following summarizes benefit matters related to full time equivalent (FTE) changes:

**Health Insurance**

The University’s contribution towards health insurance premiums applies when FTE is .75 or greater. You may contact your designated Benefits Consultant if you have any questions about eligibility or enrolling in the State Health Plan, if applicable.

**State Retirement (TSERS or ORP)**

When FTE is .75 or greater, the employee is required to participate in a University retirement plan (TSERS or the Optional Retirement Plan). If this FTE change results in moving from below .75 to .75 or greater, an automatic deduction of 6% for retirement contribution will begin. If this is applicable, please review the information on the OHR website or contact your assigned Benefits Consultant to enroll in one of the retirement plans. Employees may participate in the University’s optional 403(b), 401(k), and/or 457 plans at any FTE level.

**Vacation and Sick Leave Accrual**

Employees earn vacation and sick leave at a pro-rated level between .5 and 1.0 FTE. Below the .50 FTE level, the employee is not eligible for any leave accrual and any unused leave must be paid out at appointment end. Leave payout should be accomplished by a lump sum payment action in ConnectCarolina following processing of the applicable Job Change action.

**Other Benefit Programs**

The benefits portion of the Human Resources web site may be consulted for specific eligibility information for each individual benefit or a Benefits Consultant can be contacted for assistance.

Please contact your designated Benefits Consultant, FIRST AND LAST NAME, if you have further questions concerning your benefit eligibilities as a result of this change at (XXX) XXX-XXXX or [X@unc.edu](file:///C%3A%5CUsers%5Cacbeck%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C7LTMIRHK%5CX%40unc.edu).

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature acknowledges that employee has been notified and understands the above information.*

Supervisor’s Signature:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_