# USE DEPT/UNIVERSITY OF COLORADO DENVER LETTERHEAD

*Updated 1-2020*

*Date*

*Name*

*Address*

*City*

Dear NAME:

1. I am pleased to inform you that, effective on DATE, your request to voluntarily INCREASE/REDUCE percent time from XX% to XX% has been approved. Your monthly salary, as well as your sick and vacation accruals, will be adjusted accordingly and pro-rated for the XX% time appointment. Attached is a copy of your updated job description.
2. **(OPTIONAL) FOR POSITIONS THAT ARE NO LONGER ELIGIBLE FOR BENEFITS:**

Based on this percent of time change, your role is no longer eligible for benefits. Please contact Employee Services for information about payroll and benefits at 303-860-4200.

1. **(OPTIONAL) FOR POSITIONS THAT ARE NOW ELIGIBLE FOR BENEFITS:**

You are eligible for the benefit programs normally provided to members of the University Staff under the standard University of Colorado benefits programs, including health and life insurance, vacation, sick leave, and retirement programs. You may also contact Employee Services for information about payroll and benefits at 303-860-4200.

**(OPTIONAL) FOR POSITIONS THAT ARE NO LONGER ELIGIBLE FOR OVERTIME:**

This position is not eligible for overtime compensation. Should your position become eligible for overtime at any time in the future, your signature on this letter represents your agreement to accept compensatory time in lieu of cash payment for overtime.

**(OPTIONAL) FOR POSITIONS THAT ARE NOW ELIGIBLE FOR OVERTIME:**

This position is eligible for overtime compensation. Your signature on this letter represents your agreement to accept compensatory time in lieu of cash payment for overtime. The rate of compensatory time is one and one-half (1½) times the actual overtime hours worked. Although using compensatory time in lieu of cash payment is our preferred arrangement, we retain the option to use cash payments for overtime compensation. Compensatory leave must be used as soon as possible and any compensatory time over 240 hours should be paid out on the next regular pay period. It is the campus policy that overtime eligible staff may work overtime only with prior supervisory approval.

1. All other terms and conditions of your appointment will remain unchanged.

Please indicate your willingness to accept this offer by returning this original letter with your signature below.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Appointing Authority Name / Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Name / Title

Agreed to by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Employee Name

Cc: Employee

 Supervisor

 Appointing Authority

 Personnel File