

SAMPLE LETTER FOR VOLUNTARY REDUCTION IN HOURS

THE SUBMITTING INDIVIDUAL WILL REPLACE THE BOLD ITEMS BELOW WITH THE CORRECT INFORMATION.

(Insert Date)

(Insert Appointing Authority Name)

(Insert Department Name)

University of Colorado

Dear **(Insert Appointing Authority Name)**,

I understand that my position as **(Insert Job Title)**, **(Insert Position Number)**, is being reduced from 100% to **(Insert % time)** effective **(Insert Date)**. I voluntarily agree to this reduction in percent of time and understand that by agreeing to this I voluntarily waive my retention rights to full-time positions.

I understand that this reduction in percent of time will affect my accrual of sick and annual leave. The prorated amount of my monthly sick leave accrual will now be **(Insert Hours)** hours per month, and my monthly annual leave accrual will be **(Insert Hours)** hours per month. I understand that this change in my appointment will not affect my other benefits, including the employer's contribution to health insurance. I understand that contributions to PERA will continue to be based on my actual pay amount.

Sincerely,

(Insert Employee Signature)

(Insert Employee Printed Name)

Cc: Employment Services