(DATE) ***Delivered Via Certified Mail***

(NAME)

(ADDRESS)

(ADDRESS)

RE: Notice of Temporary Reduction in Time

Dear (NAME):

I regret to inform you that due to budgetary reasons, it is necessary for the [Department Name] Department to temporarily place staff in the classification of [Title Code] on a reduced rate of appointment. Your appointment rate will be temporarily reduced from [Percent] to [Percent], effective [Start Date] through [End Date]. [Note: End Date cannot be later than 120 calendar days from the effective date].

In accordance with the provisions of Article 13, Layoff and Reduction in Time, of the Bargaining Agreement between the University of California and the American Federation of State, County, and Municipal Employees (AFSCME) your benefits coverage will be affected as follows:

1. **Benefit Coverage**

Medical plan contributions by the University will be provided for a maximum of three months in a calendar year for employees on temporary layoff, for employees on temporary reduction in time, or on furlough as provided in Article 28 - Positions, paragraph F. For medical plans to remain in force, employees on temporary layoff, temporary reduction in time or furlough must remit to the University the amount of the employee's contributions, if any.

The UC contributions for your medical, dental and vision plans will continue during the period of reduction in time for three months. However, you are still responsible for the employee portion of the medical premium and any other premiums normally deducted from your paycheck, if any. In the event you do not have a paycheck or if your paycheck does not cover the cost of benefit premiums, you would need to make arrangements to pay the cost of the premiums with the Benefits Office. You are welcome to contact the Human Resources – Benefits Office at 209-228-2363 with any questions.

You are expected to return to your regular appointment rate on­­­ [Date]. If you have any questions, please feel free to contact the Labor Relations Unit in the Human Resources Department.

Sincerely,

(Name)

(Title)

Enclosures: Article 13, AFSCME contract

 Proof of Service

cc: Labor Relations

Personnel File

AFSCME Representative