

REDUCED RESPONSIBILITY LETTER - SA

Date _____

Name _____

Dept _____

Dear: _____

The purpose of this letter is to confirm the details of your request for reduced responsibility under the provisions of the UWOSA collective agreement. All matters referred to below become effective _____.
(date)

Your employment status as a Continuing Employee will remain unchanged.

You will be paid on the basis of _____ hours per week and your salary will be adjusted accordingly to \$_____.

The following level of benefits shall be reduced, on a pro-rated basis, to reflect the reduction in working hours: group life insurance; long term disability; pension contributions; sick leave; severance pay and pay in lieu of notice. (if employee is over age 55 include article 30.05).

Your annual weeks of vacation entitlement will remain unchanged at _____ however, these weeks will be based upon _____ hours of work, for a total of _____ hours' vacation time. Remuneration for vacation will be based upon your actual rate of earnings at the time of the vacation.

Recognition of applicable statutory holidays will apply as stated in Article 21 - Paid Holidays of the UWOSA Collective Agreement.

As per Article 30.06, within the initial two year period and with thirty (30) calendar days' written notice by the employee, return to the previous hours of work will be automatic. At least thirty (30) calendar days prior to the completion of the initial two-year period, the employee will be reminded in writing of the final day she may opt to return to the previous hours of work. If UWO requires any change in the reduced responsibility arrangement at any time, it will provide thirty (30) calendar days' written notice.

If you are in agreement with the condition's outlined above please sign below in the space provided and a copy of this letter will be returned to you.

Dept. Chair/Director/Budget Unit Head
Title

Human Resources Consultant (Staff Relations)

I have read, understand and accept the conditions outlined above.

Name