

**UNION CLERICAL REDUCTION IN HOURS/LAY-OFF LETTER (TEMPLATE)**

Date:

Dear \_\_\_\_\_:

This letter is to confirm our conversation of \_\_\_\_\_, 200\_\_ during which you were informed that your current position as \_\_\_\_\_ in the Department of \_\_\_\_\_, will be reduced from \_\_\_\_\_ hours per week to \_\_\_\_\_ hours per week. This reduction is due to \_\_\_\_\_. Your new schedule will be effective \_\_\_\_\_, 200\_\_. I have conferred with the University Office of Human Resources Management and they advised me to inform you of the following:

As a result of the change of hours in your position, you are given the option of remaining in your current position working a total of \_\_\_\_\_ hours per week or you may elect to be placed on lay-off status. In either case, you are asked to indicate your choice where indicated below.

If you elect lay-off, your lay-off date will be effective \_\_\_\_\_, 200\_\_. You may remain in your full time position as \_\_\_\_\_ throughout this time. If you are not employed by this date, your lay-off/termination will reflect the above date and you will be compensated for any unused vacation and/or personal holiday accruals (up to the University's maximum allowable amount) on your final paycheck.

In accordance with the clerical union contract, in the event of a reduction in force of clerical staff, employees are to be given two options relevant to re-employment and one option for a service-based severance (provided the qualifying criteria is met). You should contact Adrian White (773)702-8905 in Employee / Labor Relations to fully explain these options to you. Current job opportunities can be viewed by going to Employment's web site at: <http://jobs.uchicago.edu/>

Provided you elect the option to use your seniority in securing a comparable full time position, this department will assist you in your search for other employment.

If you choose to be laid-off or have not secured another position by your lay-off effective date, your health care coverage will continue through \_\_\_\_\_, 200\_\_. As a laid-off employee, you will be entitled to continue your health insurance for three (3) months or four (4) months, depending on your options, at your current employee rate. An additional fifteen (15) months of coverage under COBRA may be extended at full cost. COBRA is administered by WageWorks, Inc. If you have not received a COBRA package within fifteen (15) days of your lay-off date, you should contact the Benefits Office at (773) 702-9634.

In the event you are unemployed and file for unemployment compensation after your lay-off/termination date, the University will not contest your claim. If you opt for a severance payment, the University will report it as compensation. As a result, unemployment insurance may begin later than your lay-off/termination date.

I will be very pleased if you can continue to work at the University. Please let me know if I can be of assistance. We wish you well.

Sincerely,

Departmental HR Administrator

cc: Supervisor  
Employee File  
Employee/Labor Relations  
UHRM Benefits  
L743 Union Representative

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You should return this signed letter to me no later than \_\_\_\_\_.

I, \_\_\_\_\_, accept the option checked below:

\_\_\_\_\_      Remain in my current position at \_\_\_\_\_ hours per week beginning \_\_\_\_\_.

\_\_\_\_\_      To be placed on lay-off effective \_\_\_\_\_ under the terms of the bargaining unit Agreement.