



**THE UNIVERSITY OF CHICAGO**  
**LOCAL 743 EMPLOYEE ACKNOWLEDGEMENT FORM**

**9-MONTH OR 10-MONTH ASSIGNMENT AGREEMENT**

Employee ID \_\_\_\_\_ Employee Name \_\_\_\_\_

Dept. # \_\_\_\_\_ Department Name \_\_\_\_\_

Job Title \_\_\_\_\_ Job Code \_\_\_\_\_

**Terms of Assignment:**  9-month position  10-month position

Hrs/Wk \_\_\_\_\_

Months of Work: \_\_\_\_\_ through \_\_\_\_\_

Months Off: \_\_\_\_\_ through \_\_\_\_\_

Hire/Assignment Date: \_\_\_\_\_

**FOR LOCAL 743 EMPLOYEES:**

I accept this position under the terms designated above, and acknowledge/agree to the following terms and conditions:

**Full-Time employees:**

I understand this position is full-time, benefits-eligible/union-eligible, and that I will maintain the above work week and work month schedule throughout at least a one-year period. I further understand that upon completion of my probationary period, I will be eligible for partial-pay leave status during the months I am not scheduled to work (up to a maximum of 12 weeks) under the terms of the Temporary Summer Shutdown Stipend Program (TSSS). I acknowledge that before receiving TSSS benefits, I must first exhaust any unused vacation and personal holiday accrual hours, and that in order to receive TSSS benefits, I cannot be receiving unemployment benefits nor will I apply for it. While on TSSS status, I understand that all my normal payroll deductions will be taken for union dues, insurance premiums and any other active deduction in effect at the time I begin receiving benefits from the TSSS Program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Part-Time Employees:**

I understand this position is part-time, benefits-eligible/union-eligible, and that I will maintain the above workweek and work month schedule throughout at least a one-year period. I further understand that during the months I am not scheduled to work, I will be placed on seasonal layoff status. I acknowledge that in order to continue my benefits coverage during layoff, I must make arrangements with the Benefits Office for payment of any required premiums at the rates applicable to persons on a seasonal layoff.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**APPROVALS:**

\_\_\_\_\_  
Department Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/ Administrative Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
HRM Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
HRM Processed by:

\_\_\_\_\_  
Date