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| --- | --- | --- |
| As of Enter Pay Period Query last run through. payroll |  |  |
| **Name** | «Name» |  |
| Empl ID/Empl Rcd | «EmplID»/ «EMPL\_RCD» |  |
| Business Unit | «BUSINESS\_UNIT» |  |
| Home Department (UDDS) | «Department\_Name» («Department\_ID») |  |
|  |  |  |
| **Appointment Information** | **University Staff** | Select Appointment Type. |
| Title | «Job\_Title» | Enter Job Title. |
| Employment Status | Permanent | Select Employment Status. |
| Contract Notification Cycle | N/A | Enter Notification Cycle. |
| FTE | «FTE»% | Enter FTE. |
|  |  |  |
| **Salary Information** | **University Staff** | Select Appointment Type. |
| Salary | $«HOURLY\_RATE» hourly/ $«Annual\_Salary» annually | Enter Monthly and Annual Salary. |
| Paycheck Frequency | Bi-weekly | Monthly |
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| **Benefits** | **University Staff** | Select Appointment Type. |
| WRS Contribution | 6.8% per paycheck | 6.8% per paycheck |
| WRS Year | Calendar Year | Fiscal Year (July 1- June 30) |
| WRS Category | General | Teacher |
| WRS Creditable Service | Must be paid for 1904 hrs to earn 1 yr of WRS creditable service per calendar yr | Must be paid for 1320 hrs to earn 1 yr of WRS creditable service per fiscal yr |
| State Group Health | $92.00 monthly | $92.00 monthly |
| EPIC Benefits + | $19.77 monthly | $19.77 monthly |
| Dental WI | $20.52 monthly | $20.52 monthly |
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| FSA- Medical | $46.15 biweekly | Deduction will increase per paycheck due to less paychecks |
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| State Group Life | $33.00 monthly | $33.00 monthly |
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| University Insurance Association Life Insurance | N/A | If eligible, this coverage is mandatory. Annual premium of $24.00 deducted from October earnings. No application needed. |
| Income Continuation Insurance | $5.34 monthly | If currently enrolled- must fill out ICI application within 30 days of change to enroll in Unclassified plan. If not currently enrolled- may have enrollment opportunity. |
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| Check General Deductions to see if you need to make deduction amount changes for the shift between payrolls. Ex: Rec Sports, Garnishments, Van Pool, and Charities. | | |
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| **Paid Leave** | **University Staff** | Select Appointment Type. |
| Continuous Service Date | «ACSD» | «ACSD» |
| Vacation Entitlement | «VNA\_eNT» hrs on 1/1  (based on current FTE) | 176 hrs\* on 7/1 |
| Leave Reporting System | Time & Labor and Absence Management | Absence Management only |
| Amounts of Leave to Report | *Part-time*:  Any amount taken; report hour for hour.  *Full-time*:  Time Used <2 hours; report 0 hours  Time Used 2-6 hours; report 4 hours  Time Used 6+ hours; report 8 hours | *Part-time*:  Any amount taken; report hour for hour.  *Full-time*:  Time Used <2 hours; report 0 hours  Time Used 2-6 hours; report 4 hours  Time Used 6+ hours; report 8 hours |
| Vacation Carryover | Can carry unused vacation over for one calendar year | Can carry unused vacation over for one fiscal year |
| Banking Vacation | Sabbatical-  After 5 yrs of service: bank up to 40 hrs  After 15 yrs of service: bank up to 80 hrs  After 20 yrs of service: bank up to 120 hrs  \*May bank up to 40 hrs if you have less than 5 yrs of service but have at least 520 hrs of sick leave | ALRA-  After 10 yrs of service, bank up to 40 hours in Annual Leave Reserve Account (ALRA).  After 25 years, up to 80 hours of vacation may be banked per year. |
| Vacation Cash Payout | May cash out up to 40 hours of unused vacation beginning with your 15th year of service | N/A |
| Sick Leave\* | Earn 5 hours per pay period, or 130 hours per calendar year. | Have initial entitlement of 176 hours (22 days) that covers first 18 months of employment.+ Sick leave accrual will be frozen for these 18 months. After initial entitlement period, earn 8 hrs per month or 96 hrs per fiscal year. |
| Paid Legal Holiday | 9 per calendar year | 9 per fiscal year |
| Personal Holiday\* | 36 hrs of personal holiday per calendar year, prorated for part-time | 36 hrs of personal holiday per fiscal year |
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\* Assumes 100% FTE. These values are pro-rated for part-time.

+ If retire within 18 months of reassignment, only the amount of sick leave considered “earned” will be certified.

* I have read and understand the information detailed above and voluntarily reassign as described above.
* I understand that I no longer have any rights back to University Staff.
* I understand that the effective date of this voluntary reassignment is dependent on when I sign this document. If signed between 1st and 15th of month, the reassignment is effective the 1st of the month immediately following. If signed between 16th and end of month, the reassignment is effective the 1st of the 2nd month following.

Employee Signature Date