



Reduction in Hours of Employment Agreement

(Licensed – Contract to Hourly)

I _____,

understand and agree that my position of _____,

at _____

is being reduced from _____ FTE contract to an Hourly position which will cause a:

- reduction in my salary,
- loss of eligibility for health benefits,
- loss of eligibility for financial contributions to the Utah Retirement System by the District in my behalf, &
- loss of contract status and the associated benefits.

Teacher's Signature

Date

Principal's Signature

Date

Submit a copy of this form to Human Resources.