



Reduction in Hours of Employment Agreement

(Licensed – Reduced Contract)

I _____,

understand and agree that my position of _____,

at _____

is being reduced to a _____ FTE contract which will cause a:

- reduction in my salary,
- a reduction in the financial contributions made to the Utah Retirement System by the District in my behalf, &
- a loss of eligibility for health insurance benefits, if below .75 FTE.

Teacher's Signature

Date

Principal's Signature

Date

Submit a copy of this form to Human Resources