

**CONTRACT – Employee-initiated Reduction In Time (ERIT) Program 7/1/12–6/30/14**  
**University of California**  
**U280 (R6/11) (UCB Version)**

PERSONAL INFORMATION		
NAME	EMPLOYEE NUMBER	CAMPUS PHONE (      )
DEPARTMENT	LOCATION	PRE-ERIT APPOINTMENT PERCENTAGE
PAYROLL TITLE		

BU	BFS ACCT	FUND	ORG	PROG	PROJ	FLEX	FTE	DIST %

I volunteer to reduce my percentage of time to: \_\_\_\_\_ % of full-time.

My participation in ERIT will begin on \_\_\_\_\_ and terminate on \_\_\_\_\_ .

My work schedule will be:

Days								
Hours								

1. I understand that my percentage of time cannot be reduced below 50% time as part of the ERIT program.
2. I understand that my salary will be reduced in accordance with the selected reduction in time.
3. I understand that my department head must approve my request and my proposed ERIT work schedule.
4. I understand that during each month of participation in ERIT I will accrue vacation and sick leave at the same rate as my pre-ERIT appointment.
5. I understand that I will receive University of California Retirement Plan (UCRP) service credit at my ERIT appointment percentage as long as my time worked is at least 50% time during each month of participation. In addition, UCRP service credit during ERIT will be reduced for periods of leave without pay or other periods of time off pay status not reflected in the ERIT contract.
6. I understand that UCRP pension, UCRP death benefits, and/or UCRP disability income will be based on the unreduced salary used to determine HAPC and Final Salary, provided that I am on pay status for at least 50% time during each month of participation.
7. I understand that either I or my department head upon mutual agreement, may change the percentage reduction during the term of this contract with 30 days advance notice. A department head or supervisor may not make an unsolicited request to a ERIT participant to further reduce the participant's percentage appointment.
8. I understand that either I or my department head may end my ERIT contract with 30 days advance notice. The advance notice requirement will be waived if I or my department am faced with an emergency situation.
9. I understand that a contract amendment must be completed by both me and my department head to effect a change in percentage reduction or to end this contract early.
10. I understand that application of certain program features may be subject to review under the applicable complaint resolution policy or collective bargaining agreement provision.

**Important Considerations**

In deciding whether to take ERIT, I have had an opportunity to read the ERIT information and I understand and have fully considered the following:

1. Health and welfare benefits (medical, dental, vision) will not be affected by my participation in ERIT.
2. A number of the benefits to which I am entitled are calculated on the percentage of appointment or the actual salary I am earning at the time I become eligible for the benefit. Specifically, ERIT participation will impact my benefits in the following ways:
  - a. Disability benefit payments for both the Short-term Plan and the Supplemental Plan will be based on my pre-ERIT salary. Premiums for the Supplemental disability plan will continue to be calculated on the full-time rate.
  - b. Disability benefit payments received pursuant to the Workers' Compensation Act will be based on my ERIT salary in accordance with the California Labor Code. The department will supplement those payments so that the aggregate benefit is equivalent to what would have been received if the payment were based on the pre-ERIT salary.
  - c. Basic life insurance coverage will continue at the pre-ERIT rate until the following January 1 at which time coverage will be based on the salary rate in effect at that time. Supplemental life insurance premiums and coverage will continue at the pre-ERIT salary rate.
  - d. UC death payment under the Standing Orders of The Regents, which is based on one month's salary, will be based on the monthly salary I am earning at the time of my death.
  - e. Dependent Care Flexible Spending Account (DepCare FSA) and/or Health Flexible Spending Account (Health FSA) contributions will continue at the same level unless I change my election during a Period of Initial Eligibility (PIE) or an open enrollment period.
  - f. Mandatory contributions to the Defined Contribution Plan (DC Plan) will be reduced in accordance with my new reduced salary.
3. If I become eligible for short-term or supplemental disability benefits, my ERIT contract will be suspended.
4. If there is an indefinite layoff or reduction in time during the term of this Contract, seniority calculations, recall and preferential rehire rights, and severance will be in accordance with my pre-ERIT percentage of time and salary.
5. If there are other normal consequences of a reduction in time not listed here, I understand these will apply to me as well.

**ELECTION**

I understand and have considered the above. **Sign me up for ERIT!**

EMPLOYEE SIGNATURE	DATE	DEPARTMENT HEAD SIGNATURE	DATE
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**CONTRACT AMENDMENT – Employee-initiated Reduction In Time (ERIT) Program  
7/1/12–6/30/14 (R6/11) (UCB Version)**

PERSONAL INFORMATION		
NAME	EMPLOYEE NUMBER	
DEPARTMENT	LOCATION	CAMPUS PHONE (        )
PAYROLL TITLE	PRE-START APPOINTMENT PERCENTAGE	

I wish to amend my ERIT contract dated \_\_\_\_\_ and (check one below):

terminate my participation in ERIT effective: \_\_\_\_\_

extend my participation in ERIT to: \_\_\_\_\_

change my ERIT percentage of time to: \_\_\_\_\_ % of full-time, effective \_\_\_\_\_.

My revised ERIT work schedule will be:

Days					
Hours					

ELECTION			
EMPLOYEE SIGNATURE	DATE	DEPARTMENT HEAD SIGNATURE	DATE

RETENTION: HOME DEPARTMENT: 5 years after separation, except in cases of disability or retirement, in which case retain until age 70.  
COPIES TO: 1) UCB HR Records Management (2199 Addison Street Room 192, MC 3540, Fax: (510) 642-2888), and 2) Employee.

**PRIVACY NOTIFICATIONS**

**STATE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

**FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.