

**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

 \_\_\_\_\_  
 HRS Approval

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 HRS Processed by:

 \_\_\_\_\_  
 Date