

## UNIVERSITY OF MAINE MUTUAL AGREEMENT FOR REDUCTION OF HOURS

A Mutual Agreement for Reduction of Hours is a temporary arrangement for regular, full-time employees to reduce their work schedule (to no less than half-time during their work year). During this reduction, the employee will retain his/her eligibility employee benefits at the same level available to other similarly situated full-time employees. Retirement benefits for both hourly and salaried employees are based on base salary earned. The duration of a Mutual Agreement for Reduction of Hours may not exceed 1/3 of the pay periods in an employee's work year. An employee who does not return to full-time status at the end of the annual entitlement to this benefit will be formally changed to an ongoing part-time work schedule and the applicable level of benefits. For further information about a Mutual Agreement for Reduction of Hours, contact a Human Resources Officer or the Benefits Office.

Name: \_\_\_\_\_ MaineStreet ID: \_\_\_\_\_

Department: O- \_\_\_\_\_ Hourly Paid: \_\_\_\_\_ Monthly Paid: \_\_\_\_\_

This is to attest that I have been offered and have accepted a schedule reduction to \_\_\_\_\_ (not less than 20) hours per week, without loss of employee benefits for the period from:

\_\_\_\_\_ to: \_\_\_\_\_. I understand that this reduction in hours does not constitute a layoff, and that, consequently, I am not entitled to unemployment benefits during this period.

I understand that I must work **at least** twenty hours per week during this temporary reduction and that the total of any schedule reduction under this policy may not exceed 1/3 of the pay periods in my work year. I further understand that for the duration of this Mutual Reduction I will continue to accrue sick and vacation time (where applicable) and that I will be eligible for insurance and retirement benefits as if I remained in a full-time work schedule. Retirement benefits for both hourly and salaried staff are based on salary earned during the terms of this agreement.

I further understand that if I do not return to a full-time work schedule at the end of the above period of time, my employment status will be changed to part-time\* and that there will be a corresponding change in eligibility for employee benefits.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Vice President/Provost Date  
(Vice President for Research required for Research unit and MEIF funded employees. Review and approval by the applicable Vice President/Provost is required for non-soft money employees).

\*Faculty in tenured or tenure track positions are not eligible for part-time status.