



NOTICE OF CHANGE IN BENEFITS CLASSIFIED EMPLOYEES

CLASSIFIED EMPLOYEE MOVING FROM A FULL-TIME TO A PART-TIME POSITION AND STATUS OF BENEFITS ELIGIBILITY UPON RETIREMENT

This document provides notice that upon accepting a classified part-time position after serving in a classified full-time position prior to or after July 1, 2009, you are no longer eligible for continuation of full time benefits including but not limited to medical, dental, vision, and life insurance at the time that you move from a full-time to a part-time position and upon retirement, even if you meet the following criteria:

1. A hire date prior to July 1, 2009.
2. 10 continuous years of full-time service and be age 55 on his/her date of retirement (or) the 30 continuous years of full-time service and be allowed continuation of coverage at retirement regardless of age. Leave of absences that occur during this period will be handled in accordance with state and federal laws.

In addition, as a classified part-time employee you will no longer be eligible to:

- Obtain an employer paid Williamson County Recreation Center pass.
- Continue retirement contributions to the Tennessee Consolidated Retirement System (TCRS). Please consult with Human Resources regarding distributions or a refund.
- Earn Longevity pay.
- Be paid for holidays.
- Be paid for bereavement and/or inclement weather hours/days.
- Use or earn sick, personal, or vacation hours/days. (Note: Any earned vacation hours/days for 12 month employees will be paid out. Earned sick hours/days will remain with the employee's record until the employee returns to full-time status.)

NOTE: A principal or supervisor can approve an adjustment in schedule to make up for time missed within the same pay period.

Signing this form indicates that you have carefully considered the loss of eligibility for the above full-time benefits by moving from a classified full-time position to a classified part-time position.

Employee Name (print) _____ Employee Number _____

Former Position _____ Last Date Worked _____

New Position _____ First Date to Work _____

Signature _____ Date _____