



Employee Choice – Voluntary Employee Class Reassignment Form

The purpose of this form is to document that exempt University Staff have the relevant information to make an informed decision regarding whether to choose a voluntary reassignment of employee classification to Academic Staff or Limited Appointment position. **Completed forms must be returned to your HR Business Partner.**

Employees with permanent status in exempt University Staff positions have the choice to remain University Staff for as long as they hold those positions, or change their employee classification to either Academic Staff or Limited Appointments as designated by the job titles. Eligibility for Voluntary Reassignment will be determined in accordance with UW System Admin Policy 1287. Appointment terms for an Academic Staff or Limited Appointment will be determined by each university's policies.

Employee's will review the information in the **Employee Choice - Voluntary Employee Class Reassignment** comparison document including:

- Differences in paid leave accruals, including vacation and sick leave accrual;
- Differences in ability to bank and accumulate any paid leave;
- Differences in Wisconsin Retirement System (WRS) designations;
- Differences in employee paid benefit programs (for example, income continuation, life insurance); and
- Differences in appointment terms.

After an employee accepts a voluntary reassignment, there will not be an opportunity to return to exempt University Staff in the same position. Contact your HR Business Partner for any questions prior to making this decision.

Employee to Complete

Employee Name: _____

- I have read and understand the information detailed above and in the comparison document and voluntarily choose to move to Academic Staff or Limited Appointment.
- I understand that I no longer have University Staff employee classification rights.
- I understand that the effective date of this voluntary reassignment is January 2, 2022 or the first day of the following pay period after the move is processed by Human Resources.
- I am not appealing my title or my appeal has been completed.

Employee signature/date: _____ / _____

Supervisor signature/date*: _____ / _____

Human Resources to Complete

Employee ID: _____ Employee Record: _____

Department ID: _____

Job Code: _____ Job Title: _____

Employment Category (AS, LI): _____

Continuity: _____

FTE: _____ Salary: \$ _____ Pay Basis: _____ (Annual/Academic)

**Attach copy of contract/offer letter and submit in the Request for Exception to Open Recruitment Form*