PART TIME FACULTY TEMPLATE LETTER FOR DROPPING FROM 50% FTE & ABOVE TO BELOW 50% FTE

Date

Department Chair/ Program, Center, Institute Director

Title

Department of \_\_

University of Maryland School of Medicine

Dear Dr.

Please accept this letter as my agreement that I am currently a Part Time Faculty at \_\_\_\_\_FTE and will be decreasing to \_\_\_\_\_FTE effective \_\_\_\_\_\_\_\_\_\_\_\_. I am aware that by dropping below 50% FTE, I will no longer be eligible for subsidized health benefits or standard leave benefits.

Furthermore, I understand there may be other benefits that are affected and I am aware that it is my responsibility to become informed of these changes and that I may check with [Human Resource Services Benefits Office](https://www.umaryland.edu/hrs/benefits/), at 620 W. Lexington Street, 3rd floor or 410-706-2606.

Sincerely,

Name

Title

Department of \_\_\_\_

University of Maryland School of Medicine

cc: Senior Administrator

Office of Academic Administration