
# Make changes to the highlighted text (if needed) and remove highlights. Delete the text in brackets and any section that does not apply to the appointment.

Date

Employee Name Campus Box

# Re: ADDENDUM to the letter of offer dated date.

**[OR]**

**Re: ADDENDUM to the salary approved by the president date.**

Dear Employee Name:

## *[Sample text for extension of appointment:]*

This is to inform you that your appointment end date is being extended from date to end no later than date. Your salary will continue at the current amount of $salary per month, which is equivalent to a fiscal year salary of $salary.

## *[Sample text for temporary change in salary:]*

The following temporary pay adjustment is being made as a result of your assumption of significant additional responsibilities with regard to description. This temporary pay increase is non-base building. The temporary pay will begin date and end no later than date.

[OR] The temporary pay will begin date and shall cease when there is no longer a need for you to perform these additional duties. In addition to your current base salary, you will receive an additional fixed amount of $salary per month during this time period.

[OR] Your monthly salary during this time period will change from $salary to $salary, a percent% increase. You will continue to report to me with respect to these additional duties.

## *[Sample text for temporary change in percent of appointment:]*

*[Note: If the increase or decrease in appointment is being made at the request of the employee, include additional language, such as “As you requested” or “per your request” where appropriate.]* This is to inform you of an increase or decrease in your appointment as a job title. Effective date, and ending no later than date, your appointment will change from percent time% to percent time% time. Your hourly rate of pay will remain the same, however your monthly salary will change from $salary at percent time% time to $salary at percent time% time. Your sick and vacation leave accrual rates will be adjusted accordingly. Contact Employee Services at 303-860-4200 to discuss any questions you have about the potential impacts of this change to your health, life or retirement benefits.

## *[Sample text for ongoing change in percent of appointment:]*

*[Note: If the increase or decrease in appointment is being made at the request of the employee, include additional language, such as “As you requested” or “per your request” where appropriate.]* This is to inform you of an increase or decrease in your appointment as a job title. Effective date, your appointment will change from percent time% to percent time% time. Your hourly rate of pay will remain the same, however your monthly salary will change from $salary at percent time% time to

$salary at percent time% time. Your sick and vacation leave accrual rates will be adjusted accordingly. Contact Employee Services at 303-860-4200 to discuss any questions you have about the potential impacts of this change to your health, life or retirement benefits.

## *[Sample text for acting/interim appointments:]*

Thank you for assuming the temporary duties of job title. Effective date, your working title will change to acting/interim job title. As compensation for performing these duties, your monthly salary will change from $salary to $salary, a percent% increase. This temporary adjustment to your title and salary shall cease when there is no longer a need for you to perform these additional duties, not to exceed date.

## *[Sample text for ongoing change in job responsibilities, job title, or promotion in current position:]*

I am pleased to inform you of a change in job title for your appointment from job title to job title effective date as a result of additional responsibilities assigned to your position, including description. Your salary will continue at the current amount of $salary per month, which is equivalent to a fiscal year salary of $salary.

[OR] To reflect these new responsibilities, your salary will be increased from $salary to $salary, a percent% increase. Your new salary is equivalent to a fiscal year salary of $salary.

*[Include for base pay increases effective February 1 through June 30:]*

As a result of this base pay increase, you are not eligible for a salary increase during the current year’s merit process.

 [Optional Text:] This new work assignment is “security sensitive” and is contingent upon the successful completion of a criminal, financial, and/or motor vehicle records background check. The background check must be completed prior to the effective date of this assignment.

[OR] You have already complied with the background check requirements for this position.

## *[Sample text for ongoing increase in base pay due to equity/compression or counteroffer:]*

I am pleased to inform you that the following base pay adjustment is being made to address the salary compression issue that has created a pay inequity within the department.

[OR] I am pleased to inform you that the following base pay adjustment is being made in response to the recent job offer you received from name of department or organization. *[Note: Additional documentation supporting the compression issue or counteroffer must be provided to HR either as part of the Hiring Request Form justification or in a separate document or memorandum.]* Effective date, your salary will be increased from $salary to $salary, a percent% increase. Your new salary is equivalent to a fiscal year salary of $salary.

## *[Sample text for ongoing decrease in base pay:]*

This is to inform you that the following base pay adjustment is being made as a result of a change in job responsibilities for your position. Effective date, you will no longer be responsible for insert

description. As a result, your salary will be decreased from $salary to $salary. Your new salary is equivalent to a fiscal year salary of $salary.

All other terms and conditions of the letter of offer remain unchanged. Please acknowledge that you have received this information by signing below and returning this addendum to me by date. A fully executed copy will be returned to you for your files.

Sincerely,

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Hiring Authority Name, Title, Department Date

I acknowledge that I have read and understood the changes to my exempt professional appointment described above, with the understanding that the change is conditional upon approval by the President of the University of Colorado.

Agreed to by: \_ \_

\_ \_ \_

Employee Name Date