**FLSA conversion letter for those moving to Exempt status**

Date

Name of employee

UCR work address

Dear Ms./Mr.

As a result of a recent review of the positions you hold, it has been determined that effective\_\_\_\_\_\_(date), your position will be moving from Non-exempt to Exempt status. [Your title and job code will be: (if change is due to title change, otherwise remove this sentence)]

As a result of this change, you will now be paid monthly instead of bi-weekly. You will need to submit your timesheet via the Time and Attendance Reporting System (TARS on a monthly basis at the end of the month and will need to report days taken off only.

Based upon your current appointment of \_\_\_\_ per week, your appointment percentage has been calculated at \_\_\_\_ per month. Your full time monthly rate will be $\_\_\_\_\_\_\_. You will be paid based upon your appointment percentage for each position. Your benefit deductions if any, will now be deducted from your monthly check. If you have elected direct deposit of your paycheck, then your paycheck will continue to be directly deposited to your bank account. You may wish to review how this impacts any payments you make from your bank account for bills. A schedule of the monthly paycheck deposit dates as well as information about leave accrual and benefit deductions can be found at: <https://accounting.ucr.edu/payroll-coordination/payroll-calendars>

Your bi-weekly paycheck that is scheduled for \_\_\_\_ will be generated as planned, and will include payout of any remaining compensatory time hours. Thereafter, your first monthly paycheck will be issued on\_\_\_\_\_\_\_\_. We encourage you to review information about completing a bi-weekly timesheet at: <http://timesheet.ucr.edu/>

We hope that by providing advance notice of this action, you will have sufficient time to plan for this upcoming change. We apologize for any inconvenience this may cause. \_\_\_\_\_your Human Resources Business Partner is available to answer any questions you may have. Please feel free to contact \_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

(name of person signing the letter)

Title

Enc: FAQ – Changing FLSA Exemption

Cc: name of supervisor

HR Partner

Personnel file