

**NOTICE OF INTENT TO CHANGE CONDITIONS OF EMPLOYMENT**

Initiating Department \_\_\_\_\_ Date \_\_\_\_\_

Department Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Employee Name(s) \_\_\_\_\_

Bargaining Unit (s) \_\_\_\_\_

**Please respond to the following questions (use separate sheet if necessary).**

1. What is the current condition? How long has it been in effect?
  
2. What specific change(s) is proposed?
  
3. What is the reason for the proposed change? (Please explain who will be affected and their classifications, fiscal or other workload issues, and any other reasons for the change.)
  
4. After required notice period, for what date would you like this change to be effective? Please explain if an emergency situation.

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of UCD Human Resources  
Committee Representative \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RESPOND TO THE ABOVE QUESTIONS; OBTAIN APPROPRIATE SIGNATURES AND FORWARD TO THE CAMPUS HUMAN RESOURCES OFFICE.**

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HR/LR/CB Representative \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_