

Application for Temporary Seasonal Shutdown Stipend (TSSS)

Employee Information – To be Completed by Employee; Return to Department

Name: _____	Employee ID (last 4 digits): _____
Department: _____	Job Title: _____
Vacation Day(s) Usage: _____ <i>(For example: 6/15/2013-7/6/2013)</i>	Personal Day(s) Usage: _____
TSSS Usage Beginning date: _____ <i>(For example: 7/7/2013 - 9/8/2013)</i>	Ending date: _____

Agreement

I hereby make an application for the University of Chicago Temporary Seasonal Shutdown Stipend (TSSS). I understand that in order to qualify for benefits under this plan, I must:

1. Average 70 paid hours per pay period during the academic year and have completed my probationary period with the University.
2. In departments where there is a single shutdown period, use all but two accrued vacation and personal days before receiving TSSS benefits.
3. In departments where there are multiple shutdown periods, use accrued vacation and personal days in accordance with the provisions of section 14.7 of the contract (direct questions to HRA).

I further understand that:

1. The TSSS benefit payment will be 65% of basic straight-time hourly earnings for not more than a twelve-(12) week period except for departments scheduled for seasonal shutdowns of at least 16 work weeks during the academic year. Employees in these departments will receive a maximum thirteen-(13) weeks of TSSS benefits.
2. My regular staff benefits will continue during the TSSS benefit period and my share of the cost will be deducted from my TSSS payment.
3. During the TSSS benefit period, seniority will continue to accumulate.
4. In departments with single shutdowns, I shall not accrue vacation, personal days, sick leave, nor be paid for any regular holidays, funeral leave, jury duty, voting time or military leave.
5. In departments with multiple shutdowns, eligible employees receive 5 personal days and 9 and 10-month employees receive 7 University holidays.
6. I cannot receive payment under any University disability plan or Worker’s Compensation temporary disability benefits program during any period I receive TSSS benefits.
7. I cannot apply for or receive State Unemployment Compensation Insurance benefits and to do so will be cause for disciplinary action by the University, including discharge.

I have read and understand the conditions of eligibility for the Temporary Seasonal Shutdown Stipend as listed above.

Employee Signature: _____ **Date:** _____

Departmental Information – To be Completed by Department Administrator

Seasonal Shutdown Effective	Beginning date: _____	Ending date: _____
Department #: _____	Scheduled weekly hours during the academic year: _____	Max. Bank Hours: _____
Department Comments: _____		

TSSS Assignment Information – To be Completed by HR Records

Status	Effective Date: _____	Action Code: 11	Employment Status: P		
Assign	Action Code: 13	Job #: _____	Job Code: _____	Job Dept: _____	
Begin: _____	End: _____	Rate: _____	Step: MZ	Sal Ex: TS	Hrs: _____
Account	Acct #: 499553-	Earn: TSS	%: 100	Begin: _____	End: _____

Approvals - To be Completed by Department Administrator; Send to HR Records (6054 S. Drexel)

Department Contact: _____	Phone: _____
Department Administrator Signature: _____	Date: _____