Month XX, 2016

Employee Name

123 Street St.

Columbus, OH 43210

Dear (Employee Name),

This letter is to inform you that your salary will increase/decrease to $XXX,XXX annually, $X,XXX per month, effective DATE.

This salary change is connected with the change in your full-time equivalency from XXX% to XXX% (XX hours per week).

**Include for Benefit Eligibility Changes when appropriate**

This change in your full-time equivalency will also result in changes to your Benefits eligibility. Please review the attached Eligibility Chart, and contact the OSU Benefits Customer Service Center with any questions: (614) 292-1050, <http://hr.osu.edu/benefits>.

Please contact me with any questions.

Sincerely,

HR Professional Name

HR Professional Title

Enclosure

Benefits Eligibility Chart

cc: Manager, Manager’s Title

 OAA HR Service Center