

**The University of North Carolina  
Implementation of Employee Option to Retain Current EPA Status**

I, \_\_\_\_\_, received notice on \_\_\_\_\_  
*(Name of Incumbent)* *(Date)*  
that the status of the position I currently occupy, \_\_\_\_\_,  
*(Specify EPA Position Title)*

is subject to change from EPA to SPA. I understand that I have the option of retaining my current EPA status for the duration of my continued occupancy of such position. If I elect to retain my current EPA status, I understand that this decision is binding on me for as long as I occupy this position, unless my employer and I subsequently agree otherwise in writing.

I have reviewed the attached "Employment Policies" document outlining certain differences in terms and conditions of employment between SPA and EPA Senior Academic and Administrative Officer, Instructional, or Research status including without limitation:

- Methods of calculating compensation;
- Statutorily-mandated and other employer-provided benefits; and
- Policies and procedures governing non-disciplinary terminations of employment; discharge, suspension, demotion or other disciplinary action; and the consideration/resolution of grievances.

I hereby make the following election:

- I elect to exercise my option to retain the EPA status of the employment position I now occupy.
- I elect **not** to exercise my option to retain the EPA status of the employment position I now occupy. This means that my status will change to SPA.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager Title*

Cc: Supervisor  
Human Resources