*(FORMAT TO SUIT LETTERHEAD)*

(INSERT DATE)

(INSERT NAME)

(ADDRESS)

(ADDRESS)

RE: Letter of Reasonable Assurance - 10-month staff

Dear (INSERT NAME):

This is to advise you that the (INSERT DISTRICT NAME) anticipates that your position as a (INSERT TITLE) for the 2020-2021 school year will be continued.

Customary school vacation periods will be observed in accordance with the approved school calendar, and you are expected to return to work at the conclusion of each vacation period. Our school calendar can be found on our website (INSERT URL, or EXPLAIN WHERE TO FIND, or end sentence at “…on our website.”).

Please be aware that it is the District's understanding of the law that 10-month employees who receive a reasonable assurance letter and who were paid and employed through the end of the year are **not** eligible for unemployment and the District will contest any claims that may be filed to the contrary. In addition, any claims filed that are determined by the District to be fraudulent claims will be pursued and addressed in accordance with respective disciplinary procedures, if applicable, under New York State Law and Collective Bargaining Agreement(s).

Specifically, teachers and other school employees generally do not qualify for Unemployment Insurance benefits during breaks in the school year or the time between school years or terms. This applies when:

* They have a contract for a similar job in the next school year or term
* There is reasonable assurance of a similar job in the next school year or term, after the break.

Reasonable assurance exists when an educational institution:

* Has said it will employ a worker AND
* Will make a good faith effort to do so AND
* Offers a salary and benefits similar to the prior job

Additional information may be found on the New York State Department of Labor’s website. See the webpage located here: navigate to “dol.ny.gov” and hover curser over “Unemployment Insurance” then choose the option “For Teachers and Other School Workers”.

We look forward to seeing you when your duties resume on (INSERT DATE).

Sincerely,

(INSERT NAME)

(INSERT TITLE)

(below is OPTIONAL; keep it in if you require/want acknowledgement. If not, delete)

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REQUIRED:

I acknowledge receipt of this notice.

Signature ……………………………………………………………

Date ……………………………………………………………

Please retain a copy for your records. Return your signed acknowledgement to (INSERT FULL RETURN INFO).