San Diego Unified
SCHOOL DISTRICT

Human Resource Services Division
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Attachment 1a

REDUCED WORKLOAD AGREEMENT- FISCAL YEAR 2019-2020
(Required by California State Teachers, Retirement System)

_____   _____   _____

Print Name   Employee ID Number   School Name/Location #

_____   _____

E-mail Address   Phone Number

Pursuant to Education Code Section 44922, and in accordance with Article 31 of the Collective Negotiations

Contracts, I agree to perform my teaching service on the following part-time basis **with full retirement credit:**

Percentage of participation must be a minimum of 50% (Refer to attachment 2 scale). Indicate percentage below.

_____ Percent pay.   Number of Months normally paid: **10**   or   **12**   (Circle One).

1. Participation in the program will begin July 1 and end June 30 close of day for the fiscal year.

2. The required <u>days of service</u> will be_____, but not less 50% of the salary rate for the school year
    (Refer to attachment 2 CALSTRS scale).

3. Unit members continuing in the Reduced Workload Program express their intent of participation each year
    by submitting the reduced workload agreement and applicable calendar.

4. Contributions to CALSTRS shall be based on the full-time salary amount and not reduced workload earnings.

5. Any leave without pay that would reduce earnings below 50% will void participation in this program.

6. Retirement before the "normal" close of the contract school year will void participation for the final year.
    Service credit will be adjusted accordingly. (If employee resigns prior to the end of a school year and does
    not complete the minimum days required, a full year of retirement credit will not be earned for that year).

7. If you have a job share partner, please complete attachments 3 and 4.

8. In the event you are transferred to a different location, please make sure the new administrator receives a
    copy of this agreement.

Employees may not change percentage or withdraw from the program once approved by CALSTRS and after

commencement of the fiscal year. I acknowledge and agree to the terms in this agreement.

Employee's Signature_____   Date:_____

Administrator's Signature: _____   Date: _____

HRO Name: _____

HRO Signature: _____   Date: _____