Human Resource Services Division
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Attachment 1b

CONTINUING 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 days of service 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: _____

For HR Use Only

HRO Signature: _____ Date: _____