



Reduced Workload Agreement- Fiscal Year 2020-2021

(Required by California State Teachers, Retirement System)

Due March 1, 2020

Print Name		Employee ID Number	School Name/Location #	
E-mail Address		Phone Number	_	
Pursua	ant to Education Code Section 44922, a	and in accordance with Article 3	1 of the Collective Negotiations	
Contra	acts, I agree to perform my teaching se	rvice on the following part-time	basis with full retirement credit:	
Percer	ntage of participation must be a minim	um of 50% (Refer to attachmen	t 2 scale). Indicate percentage below.	
	Percent pay. Number of Mo	nths normally paid: 10 or	12 (Circle One).	
1.	Participation in the program will beg	gin 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 sca	le).		
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 accor	dingly. (If employee resigns pri	or to the end of a school year and does	
	not complete the minimum days re	quired, a full year of retirement	credit will not be earned for that year).	
7.	If you have a job share partner, plea	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.			
Empl	oyees may not change percentage or	withdraw from the program or	nce approved by CALSTRS and after	
comr	nencement of the fiscal year. I ackno	wledge and agree to the terms	in this agreement.	
Empl	oyee's Signature:		Date:	
Admi	inistrator's Signature:		Date:	
		For HR Use Only		
		·		
HRO	Signature:		Date:	