

HUMAN RESOURCES DEPARTMENT

San Francisco Community College District 50 Frida Kahlo Way, Bungalow 702 • San Francisco, CA 94112 • (415) 452-7660

DUE: end of March

CALSTRS

NAME (LAST, FIRST, INITIAL)		DOB	SSN#
HOME ADDRESS		MAILBOX	HOME PHONE
		-	
DEPARTMENT	CHAIR'S NAME	MAILBOX	OFFICE PHONE

Participation begins in the Fall. Cancellations/Changes must be received in March for the following fiscal year or else the member will continue with the current agreement. If the member cancels/returns to the program, the member must request in writing to the VC (cc: HR, Chair, & STRS). The maximum year(s) to participate is ten (10) years. If member does not fulfill the full year requirement or drops below 50% of FT, member will receive partial credit for actual time worked & will default on the agreement. If retiring/canceling agreement, the date must be as of June 30th.

Reduced Workload Request (170)

Pre-Retirement

ELI	GIBILITY REQUIREMENTS	YES	NO
1	I do hereby apply for reduced workload with full retirement credit in accordance with Section 17.0 of the District/AFT contract.		
2	I am a member of the State Teachers' Retirement System (STRS).		
3	I am or will be 55 or older prior to Reduced Workload Program effective date.		
4	I have been employed FT for a minimum of ten years of credited service in a certificated position prior to the reduction of workload.		
5	I'll have been employed in a FT position for five years immediately preceding the Reduced Workload Program effective date.		
6	I understand that I shall be paid a salary, which is the pro-rata share of the salary, which I would have earned had I not elected to exercise the option of reduced workload.		
7	I understand that my contribution to STRS shall be the amount that would be deducted from my salary if I were employed on a FT basis.		
8	I understand that participation in this program requires MANDATORY retirement on or before the end of this program.		
9	I understand that in no case can my workload fall below 50% of a FT load in any academic year.		
10	I have discussed this with my Department Chair and we have considered the impact on District Programs created by this request. (Chair's signature):, (mailbox) (phone)		
11	I was awarded a recent sabbatical in (semesters) and have paid back the college.		

- 1. I wish to participate in this program effective Fall (year) (maximum 10 academic years).
- 2. I wish to work. Please check your % choice or write in (cannot fall below 50% in any academic year):

100% for Fall & 0% for Spring semesters;

0% for Fall & 100% for Spring semesters; OR

_____% for Fall & _____% for Spring semesters.

WARNING: Employee should	check with Certificated
Payroll for effects of this	reduction on salary

By signing, I acknowledge and accept the full terms and conditions of this program as enumerated in Section 17.0 of the District/ AFT Contract. I further acknowledge and accept that participation in this program requires MANDATORY retirement at on or before the end of the ten (10) year program. I have read the provisions stated above and agree to hold the District harmless for any of the rules, regulations, and/or decisions of any Federal, State (e.g. the State Teachers' Retirement System) and/or municipal agencies, which may affect this agreement.

Employee's Signatu	re	Date
Approved		
	Vice Chancellor's Signature	Date
Eligible		
	Authorized District Representative Signature	Date