



Yosemite Community College District
Human Resources

Request for CalSTRS Reduced Workload Program Agreement
(Full-Time Faculty)

Instructions for Completing the Reduced Workload Program Form

Certificated personnel requesting to reduce their workload from full-time to part-time shall submit to the appropriate College Dean for submission to the President by March 1st. The College Vice President shall submit the application packet to the Human Resources Office for placement on an upcoming Board of Trustees Meeting Agenda.

Employee Information:

Form with fields: Name (Last, First, Middle); Position Title; Employee ID; School/Division; College: CC, MJC; Date of Birth (Month, Day, Year)

A Reduced Workload is requested as follows:

Form with fields: Academic Year of; Effective Term and Date: Fall Semester, Spring Semester; Effective Date; Average FTE for Academic Year

Number of years requested: (1) (2) (3) (4) (5) **New participant**

Number of years participated in RWP: (1) (2) (3) (4) (5) **Continuing participant**

In order to effect the provisions of Reduced Workload Program Agreement, it is understood and agreed that the following items are a requirement of the program:

- a) The total amount of time in which I may reduce my workload shall not exceed 10 years.
b) I must work at least 50% or one-half of the full-time equivalent for my position
c) My creditable compensation shall be paid at the above reduced percentage of full-time equivalent salary for the appropriate column and step on the salary schedule during the term of this agreement.
d) For the school year my workload is reduced, the District shall contribute to the Teacher's Retirement fund at a Reduced Rate Workload Program Contribution rate, that is adopted annually by the Teacher's Retirement Board, and on the creditable compensation that would have been paid had I performed creditable service for my position on a full-time basis.
e) My member contributions to CalSTRS shall be based upon the contributions required for the full-time equivalent salary for the appropriate column and step.

Signature: _____

Date: _____

Approvals:

Table with 3 columns: Names and Titles, Signatures, Date. Rows for Employee, Dean, Vice President of Instruction.

Human Resources Office Use Only

Board of Trustees Approval Date: _____ Date HR Office sent Application to CalSTRO: _____

Comments:

Large empty box for comments.