



REQUEST TO:  Change % leave (Due by April 1<sup>st</sup>)  Re-Enroll (Due by April 1<sup>st</sup>)  
 Cancel Pre-Retirement Contract

<b>Name</b>	_____		
<b>SS No.</b>	_____	<b>ID</b>	_____
<b>Address</b>	_____		
<b>Dept.</b>	_____	<b>Mailbox</b>	_____
<b>Work Phone</b>	_____	<b>Home Phone</b>	_____

1. I started this program on (semester/year): \_\_\_\_\_.
  2. Per the CalSTRS contract I must retire on (semester/year): \_\_\_\_\_ (10 years maximum participation)
  3. I am:  currently enrolled in this program  I cancelled my participation in (date): \_\_\_\_\_.
  4. I have talked to my department chair (name) \_\_\_\_\_ (chair's initial) \_\_\_\_\_ about the impact this has on the department and am requesting to:
    - CHANGE** my Pre-Retirement load as follows:
      1. My current workload for academic year \_\_\_\_\_ is to work 0% for the Fall and \_\_\_\_\_% for the Spring semesters.
      2. Starting Academic Year \_\_\_\_\_ I am requesting to change my schedule to work \_\_\_\_\_% for Fall and \_\_\_\_\_% for Spring. I understand that this schedule will remain in affect until my last date allowed on this program or when I cancel my participation.
    - \*CANCEL** Pre-Retirement contract, effective (date): \_\_\_\_\_.
- Please explain: \_\_\_\_\_

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

By signing below, 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 MANADORY 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 signature

\_\_\_\_\_  
 Date

*A specific agreement between you and the District setting forth the terms and conditions of this program will be required. Final approval must be obtained from the Governing Board.*

Approved  Not Approved

\_\_\_\_\_  
 Department Chair's Signature

\_\_\_\_\_  
 Date

Approved  Not Approved

\_\_\_\_\_  
 Vice Chancellor's Signature

\_\_\_\_\_  
 Date

**RETURN TO HUMAN RESOURCES**