



HUMAN RESOURCES DEPARTMENT

San Francisco Community College District

50 Frida Kahlo Way, Conlan Hall 107 • San Francisco, CA 94112 • (415) 452-7660



Pre-Retirement Reduced Workload Request (17O)

DUE: end of March

| | | |
|-----------------------------|--------------|--------------|
| 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.

| ELIGIBILITY REQUIREMENTS | | YES | NO |
|--------------------------|--|--------------------------|--------------------------|
| 1 | I do hereby apply for reduced workload with full retirement credit in accordance with Section 17.O of the District/AFT contract. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | I am a member of the State Teachers' Retirement System (STRS). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | I am or will be 55 or older prior to Reduced Workload Program effective date. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | I'll have been employed in a FT position for five years immediately preceding the Reduced Workload Program effective date. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | I understand that participation in this program requires MANDATORY retirement on or before the end of this program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | I understand that in no case can my workload fall below 50% of a FT load in any academic year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | I was awarded a recent sabbatical in (semesters) _____ and have paid back the college. | <input type="checkbox"/> | <input type="checkbox"/> |

- I wish to participate in this program effective Fall (year) _____ (maximum 10 academic years).
- 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.O 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 Signature _____ | Date _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | |
| Vice Chancellor's Signature _____ | Date _____ |
| <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible | |
| Authorized District Representative Signature _____ | Date _____ |