

**SAN DIEGO CITY SCHOOLS**

**Date:** February 3, 2005

**To:** School Principals, Division and Department Heads, Child Development Center Administrators, and San Diego Education Association Representatives.

**Subject:** REDUCED WORKLOAD PROGRAM

**Department and/or Persons Concerned:** Certificated Staff

**Due Date:** March 1, 2005

**Reference:** Education Code Sections 44922 and 22724; Article 32 of Collective Negotiations Contract between the District and the San Diego Education Association

**Action Requested:** Disseminate information regarding the Reduced Workload Program; interested certificated employees submit enrollment packet as described below

**Brief Explanation:**

In accordance with Education Code Sections 44922 and 22724 and Article 32 of the Collective Negotiations Contract, eligible unit members shall reduce their workload to no less than half-time. A unit member shall receive the same credit toward retirement under the State Teachers' Retirement System (STRS) that a unit member would have received if a unit member was employed on a full-time basis. Unit members who enter this program may continue to participate for a maximum of **ten (10)** school years at which time the unit member shall be required to resign.

**MAXIMUM PARTICIPATION**

In accordance with state law, the number of unit members participating in this program is unlimited.

**ELIGIBILITY**

A participating unit member must have reached the age of 55 prior to the start of the school year in which the employee proposes to commence the reduced workload (before the first day of paid service in the school year in which the reduced workload plan is implemented).

A participating unit member must have been employed as a full-time certificated employee in California for at least ten years, of which the last five years were in full-time certificated employment in the San Diego Unified School District. While prior leave of absence(s) shall not constitute a break in service, time spent on leave(s) of absence will not be counted toward the five-year requirement.

Unit members participating in the Public Employees Retirement System (PERS) are not eligible to participate in the STRS Reduced Workload Program.

A participating unit member must have received an effective evaluation during his/her most recent evaluation period in order to be considered for the program. Exceptions to this requirement may be granted by mutual agreement between the District and the Association.

#### CONDITIONS OF PARTICIPATION

Unit members participating in the Reduced Workload Program who are assigned to self-contained classrooms will be required to work an equal amount of time in both semesters of a school year. The amount of time is dependent upon the percentage of the unit members reduced workload assignment. This time may be served in full or partial day increments.

All other unit members participating in the Reduced Workload Program will be required to be on duty an amount of time equal to the percentage of the unit members reduced workload assignment.

Participating unit members shall be evaluated in the same manner provided for all other unit members under Article 14, Performance Evaluation Provisions, except that the evaluation process for unit members who are assigned for one complete semester of full-time service and one semester off per school year, shall be condensed to provide for a final summary evaluation to be provided to the unit member no later than fifteen (15) calendar days prior to the final day of service for the semester in which the unit member is assigned to be on duty.

#### HEALTH / EMPLOYEE BENEFITS

Unit members participating in the Reduced Workload Program will earn sick leave on a pro-rata basis.

District and certificated employee contributions to STRS shall be equal to the amount required for a full-time employee. (Employment taxes such as Medicare, federal and state income taxes will be based on the employee's actual earnings.)

Participating unit members shall maintain their district-paid health and welfare benefits as provided under Article 9 of the contract for the full school year.

Participating unit members shall be entitled to participate in the Attendance Incentive Program provided for in Article 10, Section 2, of this Agreement except that the sick leave incentive and perfect attendance bonus provided therein shall be prorated.

Participating unit members shall be eligible for advancement on the salary schedule in the same manner provided for other part-time employees (Salary Rules, Section 4.021).

#### FORFEITURE OF RETIREMENT CREDIT

If a unit member participating in the Reduced Workload Program performs service that is less than half-time, a unit member shall lose eligibility for the program for that particular school year. In addition, if it is found by the STRS that a participating unit member failed to meet the minimum eligibility criteria set forth by the Education Code, his/her participation in the program shall be considered a break in service, resulting in a loss of retirement credit and permanently disqualifying the employee from future participation in the Reduced Workload Program.

ENROLLMENT PROCEDURE

Unit members desiring to participate in the Reduced Workload Program shall submit an enrollment packet to the Human Resource Services Division no later than March 1, 2005, in order to reduce their workload for the subsequent school year. Two unit members applying to enter into the Reduced Workload Program may file a joint enrollment packet. A unit member applying to enter into the Reduced Workload Program may file an enrollment packet identifying a job share partner.

The option to participate in the Reduced Workload Program shall be exercised only upon the request of the unit member and can be revoked only by mutual consent of the unit member and the District.

Each participant must complete and sign a Reduced Workload Agreement (Attachment 1), a Reduced Workload Program Eligibility Certification Application form (Attachment 2), the Reduced Workload Program Enrollment form (Attachment 3), the Reduced Workload Calendar – Traditional (Attachment 4), or the Reduced Workload Calendar Year-Round (Attachment 5). These forms can be printed from the district's web page at ([www.sandi.net](http://www.sandi.net)).

Send Reduced Workload Enrollment packets to:

Eugene Brucker Education Center  
4100 Normal Street, Room 1241  
Attn: (See names below)

Elementary Sites:

Mary Beth Gallagher	Connie Velazquez	(725-8049)
Tim Asfazadour	Lisa Ruiz	(725-8012)

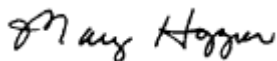
Middle/Secondary Sites:

Cathy Evans	Sonja Elston	(725-8050)
Sandra Huevo	Darin Noyes	(725-8019)

Questions regarding retirement contributions and regulations may be addressed to Joanne Carreon, at (619) 725-7678. Questions regarding health benefits may be addressed to Employee Benefits, at (619) 725-8130, option 6.

Ruth G. Peshkoff  
Chief Human Resources Officer

APPROVED:

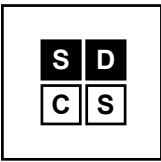


Mary Hopper  
Chief Administrative Officer

RGP:drn

Attachments (5)

Distribution: Lists A, C, D, E, F, H, and S



EUGENE BRUCKER EDUCATION CENTER
4100 Normal Street, San Diego, CA 92103-2682

(619) 725-8019
Fax: (619) 296-7522

HUMAN RESOURCE SERVICES DIVISION

REDUCED WORKLOAD AGREEMENT – SY 2005-2006
(Required by State Teachers Retirement System)

Employee's Name

Employee ID Number

Pursuant to Education Code Section 44922, and in accordance with the Collective Negotiations Contracts, I agree to perform my teaching service on the following part-time basis with full retirement credit:

- 1. Participation in the program will begin... and end... close of day for school year...
2. The required days of service will be... with commensurate compensation not less than 50% of the salary rate for the school year.
3. Contributions to the State Teachers' Retirement System shall be based on the full salary amount.
4. Any leave without pay that would reduce earnings below 50% will void participating in this program.
5. Retirement before the "normal" close of the contract school year will void participation for the final year. Service credit will be adjusted accordingly.

Work Options\* (Circle the appropriate number)

- 1. 100% pay for 5 months, September – January (1st Semester Work Only)
2. \_\_\_ Percent pay for (10) months. (Indicate percentage of school year to be worked-must be minimum of 50%.)
3. 100% pay for 5 months, February – June (2nd Semester Work Only)

Number of months normally paid: 10 or 12 (circle one).

Employee's Signature

Authorized Representative's Signature
(Fiscal Control)

Date:

\* 2nd Semester service can only be paid February – June. Employees cannot be paid in advance of services performed.


**REDUCED WORKLOAD PROGRAM ELIGIBILITY CERTIFICATION APPLICATION**

MEMBER USE ONLY		
SOCIAL SECURITY NO. - - -	NAME (Last, First, MI)	BIRTHDATE / /
SIGNATURE		DATE / /
EMPLOYER USE ONLY	COUNTY CODE/NAME /	DISTRICT CODE/NAME /
<b>ELIGIBILITY REQUIREMENTS</b> 1. RWP Participation Board Approved 2. Attained age 55 prior to RWP Effective Date 3. Employed Full-Time a minimum of ten years in a certificated position 4. Employed Full-Time in a certificated position for five consecutive years immediately preceding RWP Effective Date 5. Salary Less than that of: ▶ School Principal (K-12) ▶ Department Chairperson ▶ NO LIMIT (Community College) 6. Agreement: ▶ Exists between employer and participant ▶ May be revoked by consent of both parties ▶ Not to exceed ten years ▶ Participant to work at least 50 percent of the time  Note: If the response to <u>any</u> of the above items (1-6) is NO, the employee <b>MAY NOT BE ELIGIBLE</b> to participate in the Reduced Workload Program, and <b>MUST</b> contact STRS immediately for final determination.	<b>YES</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
RWP EFFECTIVE DATE / /	FULL TIME SALARY \$	PERCENTAGE CONTRACT %
I HEREBY CERTIFY THAT THE EMPLOYEE MENTIONED HEREIN IS ELIGIBLE TO PARTICIPATE IN THE REDUCED WORKLOAD PROGRAM AS DESCRIBED IN SECTIONS 22713, 44922 (K-12), 87483 (Community College), AND 89516 OF THE EDUCATION CODE.		
AUTHORIZED SIGNATURE	PRINT NAME & TITLE	DATE / /
STRS USE ONLY	SIGNATURE	APPROVAL DATE / /

**REDUCED WORKLOAD PROGRAM ENROLLMENT FORM**  
**School Year - 2005 - 2006**

<u><b>REQUIRED</b></u>	<u><b>OPTIONAL</b></u>
_____ Your Name	_____ Name of Partner (Not Required)
_____ Employee ID#	_____ Employee ID#
_____ Present site location:	_____ Present site location:
_____ Daytime phone:	_____ Daytime phone:
_____ Home Address:	_____ Home Address:
_____ Home phone:	_____ Home phone:
<b>PROPOSED INSTRUCTIONAL SCHEDULE</b>	<b>PROPOSED INSTRUCTIONAL SCHEDULE</b>
_____ School and assignment:	_____ School and assignment:
_____ You as No. 1	_____ Participant No. 2 (Not Required)
_____ Grade level/assignment/program	_____ Grade level/assignment/program

If the reduced workload plan covers the entire school year, you must complete an individual calendar marking the days to be worked. Please ensure that the calendar reflects a minimum of 50% of your current work year.

(over)

I agree to the requirements of the program as described in Article 32, Collective Negotiations Contract. I further understand that I shall be required to resign upon conclusion of the tenth year of participation in the program.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Optional)

**RETURN TO: Appropriate Certificated Staffing Administrator, Human Resource Services Division, Room 1241, Eugene Brucker Education Center**

Routing Approval	
_____	_____
Human Resource Services Division	Payroll/Benefits Department
_____	
Fiscal Control Department	

Name: \_\_\_\_\_

EMPL ID # \_\_\_\_\_

Job Title: \_\_\_\_\_

Location Name and #: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**2005-2006 SCHOOL YEAR CALENDAR**  
**TRADITIONAL CERTIFICATED SCHEDULE**

(Attachment 4)

**X = Contract Days**

**H = Mandated or declared holiday**

**S = Staff Development Days**

Calendar MUST be turned in prior to salary being paid.

**INSTRUCTIONS:**

Indicate full workday = " X ". The total number of service days for 2005-2006 is 187 for full-time assignments.

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	TOTALS						
JULY					1	H/4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Jul	
AUGUST	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			Aug	
SEPTEMBER				S/1	S/2	H/5	6	7	8	9	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Sep	
OCTOBER	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31					Oct	
NOVEMBER		1	2	3	4	7	8	9	10	H/11	14	15	16	17	18	21	22	23	H/24	H/25	28	29	30			Nov	
											<b>Winter</b>					<b>Break</b>											
DECEMBER				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	H/22	H/23	26	27	28	H/29	H/30	Dec	
JANUARY	2	3	4	5	6	9	10	11	12	13	H/16	17	18	19	20	23	24	25	26	27	30	31				Jan	
FEBRUARY			1	2	3	6	7	8	9	S/10	H/13	14	15	16	17	H/20	21	22	23	24	27	28				Feb	
											<b>Spring Break</b>																
MARCH			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31	Mar	
APRIL	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28						Apr	
MAY	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	H/29	30	31			May	
JUNE				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	Jun	
																					TOTAL		0				

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Principal/Department Head Signature)

\_\_\_\_\_  
(Date)

I have discussed this work schedule with the employee and am approving it in order to meet instructional/program requirements.

PAYROLL USE ONLY  
Input Date: \_\_\_\_\_  
Input By: \_\_\_\_\_  
Paygroup: \_\_\_\_\_

**Time and Labor Calendar = C10 T187SA**

Name: \_\_\_\_\_

EMPL ID # \_\_\_\_\_

Job Title: \_\_\_\_\_

Location Name and #: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**2005-2006 SCHOOL YEAR CALENDAR  
YEAR-ROUND CERTIFICATED SCHEDULE**

Attachment 5

**X = Contract Days**  
**H = Mandated or declared holiday**  
**S = Staff Development Days**

Calendar MUST be turned in prior  
to salary being paid.

**INSTRUCTIONS:**

Indicate full workday = " X ". The total number of service days for 2005-2006 is 187 for full-time assignments.

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	TOTALS						
JULY					1	H/4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Jul	
AUGUST	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			Aug	
SEPTEMBER				S/1	S/2	H/5	6	7	8	9	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Sep	
OCTOBER	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31					Oct	
NOVEMBER		1	2	3	4	7	8	9	10	H/11	14	15	16	17	18	21	22	23	H/24	H/25	28	29	30			Nov	
DECEMBER				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	H/22	H/23	26	27	28	H/29	H/30	Dec	
JANUARY	2	3	4	5	6	9	10	11	12	13	H/16	17	18	19	20	23	24	25	26	27	30	31				Jan	
FEBRUARY			1	2	3	6	7	8	9	S/10	H/13	14	15	16	17	H/20	21	22	23	24	27	28				Feb	
MARCH			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31	Mar	
APRIL	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28						Apr	
MAY	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	H/29	30	31			May	
JUNE				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	Jun	
																										TOTAL	0

\_\_\_\_\_  
(Employee Signature) (Date)

\_\_\_\_\_  
(Principal/Department Head Signature) (Date)

NOTE: The (4) prep days were part of an original proposal to standardize teacher prep days at year-round sites. Per current practice, prep days are chosen on a site-by-site basis.

PAYROLL USE ONLY  
Input Date:  
Input By:  
Paygroup:

I have discussed this work schedule with the employee and am approving it in order to meet instructional/program requirements.

Time and Labor Calendar = C10 Y187SA