

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** January 12, 2007

**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, 2007

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

**Action Requested:** Please disseminate information regarding the Reduced Workload Program. Interested certificated employees should submit enrollment packet as described below.

**Brief Explanation:**

The Reduced Workload Program specified in Education Code Sections 44922 and 22724 and Article 32 of the Collective Negotiations Contract allows eligible unit members to reduce their workload to no less than half-time, and purchase the same credit toward retirement under the State Teachers' Retirement System (STRS) that a unit member would have received if he/she had been 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 is 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 (e.g., 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. Prior leaves of absence shall not constitute a break in service. Time spent on leaves of absence will 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 SDEA.

#### 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 member's 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 in either one or both semesters of a school year.

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 are 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, he/she shall lose eligibility for the program for that particular school year. In addition, if it is found by 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 must submit an enrollment packet to the Human Resource Services Division no later than March 1, 2007, 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) and the Site Administered calendar for either a Traditional or Year-round school schedule (Attachments 4 and 5). These forms can also be printed from the district's web page at ([www.sandi.net](http://www.sandi.net)).

Please send Reduced Workload Enrollment packets or questions to:

Eugene Brucker Education Center  
4100 Normal Street, Room 1241  
Attn: Trish Wagner, H.R. Services Supervisor, (619) 725-8011  
FAX: (619) 296-7522 ; E-mail: [pwagner@sandi.net](mailto:pwagner@sandi.net)

Questions regarding retirement contributions and regulations may be addressed to Tiffany Lilley, 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:



Jodi Smith  
Chief of Staff

JS/tw  
Attachments (5)

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



# San Diego Unified School District

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

Attachment 1  
  
(619) 725-8011  
Fax: (619) 296-7522

Human Resource Services Division

## REDUCED WORKLOAD AGREEMENT – SY 2007-2008 (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 participation 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. (If employee resigns prior to the end of a school year and does not complete the minimum days required, a full year of retirement credit will not be earned for that year.)

### Work Options\* (Circle the appropriate number)

1. 100% pay for 5 months, September – January (1<sup>st</sup> 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 (2<sup>nd</sup> Semester Work Only)
- Number of months normally paid: 10 or 12 (circle one).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Authorized Representative's Signature  
(Fiscal Control)

Date: \_\_\_\_\_

\* 2<sup>nd</sup> 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	
EMPLOYER USE ONLY			
	COUNTY CODE/NAME	DISTRICT CODE/NAME	
<b>ELIGIBILITY REQUIREMENTS</b>		YES	NO
1. RWP Participation Board Approved	1.		
2. Attained age 55 prior to RWP Effective Date	2.		
3. Employed Full-Time a minimum of ten years in a certificated position	3.		
4. Employed Full-Time in a certificated position for five consecutive years immediately preceding RWP Effective Date	4.		
5. Salary not greater than that of: > School Principal (K-12) > NO LIMIT (Community College)	5.		
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	6.		
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 CalSTRS immediately for final determination.			
RWP EFFECTIVE DATE	FULL TIME SALARY	PERCENTAGE CONTRACT	
	\$	%	
I HEREBY CERTIFY BY SUBMISSION OF THIS FORM 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).			
AUTHORIZED PERSON	NAME & TITLE	DATE	
CalSTRS USE ONLY	SIGNATURE	APPROVAL DATE	

**REDUCED WORKLOAD PROGRAM ENROLLMENT FORM**  
**School Year 2007 - 2008**

<b><u>REQUIRED</u></b>	<b><u>OPTIONAL</u></b>
_____ 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/Loc # \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_

**X = Contract Days**  
**H = Holidays**  
**P = Prep Days**

**INSTRUCTIONS: Indicate full workday = " X ". The total number of service days for 2007-2008 is 184 for full-time assignments.**

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

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

**Calendar MUST be submitted prior to salary being paid.**

\_\_\_\_\_  
 (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.

<b>PAYROLL USE ONLY</b>
Input Date:
Input By:
Paygroup:

Attachment #5 **Reduced Work Load**

**SAN DIEGO UNIFIED SCHOOL DISTRICT  
Year-Round Site Administered Calendar  
2007- 2008 School Year  
Certificated Schedule**

Calendar: C10 Y184SA

**X = Contract Days**

**H = Holidays**

**P = Prep Days**

Name: \_\_\_\_\_  
 EMPL ID # \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Location Name/Loc # \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_

NOTE: The 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. If the prep days differ at your site, please indicate the date they are scheduled at your site

**INSTRUCTIONS: Indicate full workday = " X ". The total number of service days for 2007-2008 is 184 for full-time assignments.**

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

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

**Calendar MUST be submitted prior to salary being paid.**

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

<b>PAYROLL USE ONLY</b>	
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.