



APPLICATION FOR ACADEMIC REDUCED WORKLOAD PROGRAM

Pursuant to Program criteria and regulations of the AFT contract and State Teachers' Retirement System policy, I hereby apply for participation in the Retirement Phase-In Program. I have reached the age of 55 and have been employed full-time in academic positions for at least ten (10) years, of which the immediately preceding five (5) years were full-time employment.

EMPLOYEE NAME (please print) _____ **G#** _____

College: _____ Div/Dept _____ Ext.: _____

E-mail Address: _____ Name of Division/Dept Administrator: _____

If accepted for the Reduced Workload Program, I request the following reduced workload assignments:

Beginning Year : _____	% of Assignment: _____	6 th Year: _____	% of Assignment: _____
2 nd Year: _____	% of Assignment: _____	7 th Year: _____	% of Assignment: _____
3 rd Year: _____	% of Assignment: _____	8 th Year: _____	% of Assignment: _____
4 th Year: _____	% of Assignment: _____	9 th Year: _____	% of Assignment: _____
5 th Year: _____	% of Assignment: _____	10 th Year: _____	% of Assignment: _____

I understand that my requested schedule of part-time academic employment under the Reduced Workload Program must be mutually agreed upon by the District.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

ADMINISTRATOR SIGNATURES: (comment line below signature)

Division Dean: ___Approved ___Denied Signature: _____ Date: _____

Comments: _____

Vice-President: ___Approved ___Denied Signature: _____ Date: _____

Comments: _____

President: ___Approved ___Denied Signature: _____ Date: _____

Comments: _____

Human Resources: ___Approved ___Denied Signature: _____ Date: _____

Note: forward completed form to the Office of Human Resources, accompanied by the Personnel Action Form. This application for participation in the Reduced Workload Program will be forwarded to the Board of Trustees for forwarding to the State Teachers' Retirement System. Approval by the STRS is required in order to participate in this Program.