DATE: January 8, 2016

TO: ALL ELIGIBLE CERTIFICATED EMPLOYEES

FROM: Deann Carlson, Director of Human Resources

SUBJECT: PRE-RETIREMENT REDUCED WORKLOAD PROGRAM

Full-time members of the teachers’ bargaining unit and other full-time certificated employees (provided their salary range is equal to or less than a principal’s salary range) may participate in the Pre-Retirement Reduced Workload Program if they meet the eligibility requirements. This program provides eligible certificated employees the opportunity to receive a full year of service credit while working part time. The provisions for participation are established by Education Code §22713 and by the SJUSD/SJTA Collective Bargaining Contract.

Please note the option of part-time employment must be exercised at the request of the member and can be withdrawn only with the mutual consent of the district and the member. A certificated employee participating in the Pre-Retirement Reduced Workload Program who wishes to withdraw from the program must notify the Human Resources office prior to March 1st at which time the member shall be entitled to return to full-time service for the following school year.

TO BE ELIGIBLE, a member must:

- Be 55 years of age and no more than 65 years of age at the time the contract is entered
- Have been employed as a teacher full-time for a minimum of ten (10) years of credited service
- Have been employed as a teacher full-time performing creditable service for the five (5) consecutive years immediately before entering the program without a break in service as specified in Education Code Section §44922, and STRS rules and regulations, (although an unpaid leave of absence does not constitute a break in service, it does result in less than full-time creditable service)
- Participate in the Reduced Workload Program for no more than ten (10) years

Other ELIGIBILITY REQUIREMENTS for Certificated Employees who are members of PERS:

- PERS members may only participate in the Reduced Workload Program for a maximum of five (5) years
- PERS members may not participate after the school year in which the member turns seventy (70) years of age
MEMBERS MAY OPT, with district approval, to:

- Perform service for a minimum of a half day for a full year
- Perform service full time for a minimum of a half year
- Perform service in a manner so that it is the equivalent to a minimum of one-half of the number of work days required by the employee’s full-time service in the final full-time year prior to entering the program

REMUNERATION:

- Salary for the year is proportionate to the amount of time worked and must be at least one-half of the employee’s normal, full-time annual salary
- The member retains all health and welfare benefits as if he/she were a full-time employee, but the employee must pay any employee contributions required of him/her to the same extent he/she would if he/she remained a full-time employee
- Retirement contributions shall be maintained as if the member were a full-time employee. Both the district and the employee must make their respective full year’s retirement contributions as if the employee was full-time

PROCEDURES TO APPLY:

- The member must complete the attached application
- The application requires the signature of the member and his/her site/program administrator
- A copy of the member’s most recent STRS Statement of Account must be submitted with the application
- Completed applications must be received by Human Resources (to the attention of Sandra Sanders) no later than March 11, 2016, for consideration for the 2016-2017 school year
- Prior to approval of the contract, the member shall be given a statement showing the following information related to the proposed employment under the reduced workload contract:
  - The level of service to be rendered (i.e., either the number of days per year or the number of hours per day) for the term of the contract
  - The annual rate of pay for the 2016-2017 school year
  - The total retirement contribution to be paid by the employee
  - All amounts to be deducted from the member’s salary and the purpose of each deduction
  - The group coverage applicable to the member and the effect, if any, of the member’s acceptance of a reduced workload contract on the coverage for the first year’s service

- Participation is subject to eligibility verification from STRS
- Should an employee terminate his/her employment for any reason mid-year, the employee becomes ineligible to participate in this program for the final, partial year, and will only be accorded service credit for the actual days worked

If you have any questions, please call Sandra Sanders at (916) 971-7193.

cc: Cabinet Members
PRE-RETIREMENT REDUCED WORKLOAD PROGRAM APPLICATION

NAME: ________________________________        SOCIAL SECURITY NUMBER: ________________________

DATE OF BIRTH: ______________________   SCHOOL/SITE: ________________________________

WORK OPTIONS (by mutual agreement)

☐ Full-time first semester
☐ Full-time second semester
☐ Partial days all year; at _____ %
☐ Special Assignment; specify schedule and percent worked: ________________________________

______________________________________   ________________________________
Administrator/Supervisor Signature   Member Signature

______________________________________   ________________________________
Date   Date

PAY OPTIONS (member’s option; please check one. Note: Options below are based on a 10-pay schedule, if a member has elected 11-pay, options will be adjusted to reflect August payment)

☐ Work full-time first semester with 4 equal payments (September to December)
☐ Work first semester with 10 equal payments (September to June)
☐ Work full-time second semester with 6 equal payments (January to June)
☐ Work part-time all year with 10 equal payments (September to June)

______________________________________   ________________________________
Member Signature   Date

Attach latest STRS statement of account. Send by March 11, 2016, to Human Resources, Attn: Sandra Sanders

***** TO BE COMPLETED BY DISTRICT OFFICE *****

SALARY PLACEMENT

Present:  Group ___    Step ___    Annual Amount ______________

2016-2017: Group ___    Step ___    Annual Amount ______________

All salaries based on present schedule; adjustments will be made if salary schedule amounts are changed:

MONTHLY DEDUCTIONS:  

Dependent Medical Insurance  Amount ______
Dependent Dental Insurance  Amount ______
Life Insurance  Amount ______
Income Protection  Amount ______
Accidental Death  Amount ______
Credit Union  Amount ______
Tax Shelter Annuity  Amount ______
Membership Dues  Amount ______
United Way  Amount ______
Additional Retirement (STRS)  Amount ______
U.S. Savings Bonds  Amount ______
Other  Amount ______