

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** January 5, 2016

**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, 2016**

**Reference:** Education Code Sections 44922 and 22713; Article 31 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 22713 and Article 31 of the Collective Negotiations Contract allows eligible unit members the right to reduce their workload to no less than half-time upon request and purchase the same credit toward retirement under the California State Teachers' Retirement System (CALSTRS) that a unit member would have received if he/she had been employed on a full-time basis. Although earnings are reduced when participating in this program, unit members and the district contribute an amount which is based upon a full-time salary. 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 July 1 of the school year in which the employee proposes to commence the reduced workload. The CALSTRS service credit calendar begins July 1 and ends June 30 of each year.

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. An approved leave of absence shall not

constitute a break in service; however, time spent on leave(s) of absence will not be counted toward the five (5) year requirement.

Unit members participating in the Public Employees Retirement System (PERS) are not eligible to participate in the CALSTRS 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 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 not less than the percentage of the unit member's reduced workload assignment.

The provisions of Article 12, Transfer Policies, shall not apply to unit members participating in the Reduced Workload Program. Reduced Workload Unit members may participate in the post and bid and transfer process by mutual agreement between the Association and the District.

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 CALSTRS 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 for the full school year as provided under Article 9 of the SDEA contract. Health and welfare benefits are not transferable from a reduced workload participant to a job share partner, Section 31.4.6.

Participating unit members are eligible for advancement on the salary schedule in the same manner provided for other part-time employees (SDEA Contract, July 1, 2014 through June 30, 2017, Salary Rules, Appendix A, Section 4.02).

#### 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 the State Teachers Retirement System (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 unit member 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, 2016 in order to reduce their workload for the subsequent school year. A unit member applying to participate in the Reduced Workload Program may file an enrollment packet identifying a job share partner. Job Share partners must have permanent status with the district, possess appropriate credentials for the proposed assignment, and have an effective rating on all elements of the most recent evaluation.

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), Eligibility Requirements form (Attachment 2), the Reduced Workload Program Enrollment form (Attachment 3) and the Tenthly Pro-Rata Rate Chart for Job Share Assignments (Attachment 4). The Site Administered calendar for either a Traditional or Year-round school schedule will be available prior to the commencement of the school year. These forms can also be printed from the Reduced Workload Circular found at the district's web page at (<https://www.sandiegounified.org/>) under the Staff portal, click Resources and then under Administrative click on Bulletins and Circulars.

#### **For questions on Reduced Workload please contact:**

##### **Area 1, 4, Special Education:**

Landen Villanueva                      619-725-8109                      [lvillanueva2@sandi.net](mailto:lvillanueva2@sandi.net)

##### **Area 2, 3, Nursing, Counseling & Guidance:**

Tina Tran                                      619-725-7752                      [ttran2@sandi.net](mailto:ttran2@sandi.net)

##### **Area 5, 6, CDC, Central Office, VAPA, P.E.:**

Stacy Boland                                      619-725-8108                      [sboland1@sandi.net](mailto:sboland1@sandi.net)

**Please send Reduced Workload Enrollment packets to:**

Eugene Brucker Education Center  
4100 Normal Street, Room 1241  
San Diego, CA 92103

Ester Victorio (619) 725-8114 [evictorio@sandi.net](mailto:evictorio@sandi.net) or

Yolanda McKnight 619-725-8067 [ymcknight@sandi.net](mailto:ymcknight@sandi.net)

Questions regarding retirement contributions and regulations may be addressed to Lorena Arciga at (619) 725-7678 or Alma Delavago at (619) 725-1694. Questions regarding health benefits may be addressed to Employee Benefits, at (619) 725-8130.

APPROVED:



Timothy Asfazadour  
Chief Human Resources Officer

TA:ev

Attachments (4)

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

**REDUCED WORKLOAD AGREEMENT FISCAL YEAR 2016-2017**  
**(Required by California State Teachers Retirement System)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
School Name/Location #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

Pursuant to Education Code Section 44922, and in accordance with Article 31 of the Collective Negotiations Contracts, I agree to perform my teaching service on the following part-time basis **with full retirement credit:**

Percentage of participation must be a minimum of 50% (Refer to attachment 2 scale). Indicate percentage below.

\_\_\_\_\_ Percent pay. Number of Months normally paid: **10** or **12** (Circle One).

1. Participation in the program will begin July 1 and end June 30 close of day for the fiscal year.
2. The required **days of service** will be \_\_\_\_\_, but not less 50% of the salary rate for the school year (Refer to attachment 2 CALSTRS scale).
3. Unit members continuing in the Reduced Workload Program express their intent of participation each year by submitting the reduced workload agreement and applicable calendar.
4. Contributions to CALSTRS shall be based on the full-time salary amount and not reduced workload earnings.
5. Any leave without pay that would reduce earnings below 50% will void participation in this program.
6. 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).
7. If you have a job share partner, please complete attachments 3 and 4.
8. In the event you are transferred to a different location, please make sure the new administrator receives a copy of this agreement.

**Employees may not change percentage or withdraw from the program once approved by CALSTRS and after commencement of the fiscal year. I acknowledge and agree to the terms in this agreement.**

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

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

Administrator's Signature: \_\_\_\_\_

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

**FOR HR USE ONLY**

HRO SIGNATURE \_\_\_\_\_

HRS: EV \_\_\_\_\_ YM \_\_\_\_\_

DATE \_\_\_\_\_

**CONTINUING REDUCED WORKLOAD AGREEMENT  
FISCAL YEAR 2016-2017**

**(Required by California State Teachers, Retirement System)**

\_\_\_\_\_

Print Name	Employee ID Number	School Name/Location #
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\_\_\_\_\_

E-mail Address	Phone Number
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Pursuant to Education Code Section 44922, and in accordance with Article 31 of the Collective Negotiations Contracts, I agree to perform my teaching service on the following part-time basis **with full retirement credit:**

Percentage of participation must be a minimum of 50% (Refer to attachment 2 scale). Indicate percentage below.

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4. Contributions to CALSTRS shall be based on the full-time salary amount and not reduced workload earnings.
5. Any leave without pay that would reduce earnings below 50% will void participation in this program.
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7. If you have a job share partner, please complete attachments 3 and 4.
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**Employees may not change percentage or withdraw from the program once approved by CALSTRS and after commencement of the fiscal year. I acknowledge and agree to the terms in this agreement.**

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HR USE ONLY**

HRO SIGNATURE \_\_\_\_\_ HRS: EV \_\_\_\_\_ YM \_\_\_\_\_

DATE \_\_\_\_\_

# CaSTRS

## Reduced Workload Program

### ELIGIBILITY REQUIREMENTS

1. Reduced Workload Program participation board approved.
2. Attained age 55 prior to the Reduced Workload Program effective date.
3. Must have at least 10 years of service credit in a certificated position.
4. Employed in a full-time position for five years immediately preceding the Reduced Workload
5. Salary not greater than that of:
  - • School principal (K–12)
  - • No limit (community college)
6. Agreement:
  - • Exists between employer and participant.
  - • Is initiated at the beginning of the school year and concluded at the end of the school year.
  - • May be revoked by consent of both parties.
  - • Has not been in effect for more than 10 years.
  - • Requires participant to work at least 50 percent of full time.

***Note: If the response to any of the above items is “no,” the employee may not be eligible to participate in the Reduced Workload Program***

**Below is a table for the number of days to work based on percentage**

If you have any questions Call Lorena Arciga 619-725-7678 or Alma Delavago at 619-725-7694.

184 Day Contract	
Percentage	Days to Work
50	92
55	101
60	110
65	120
67	123
70	129
75	134
80	147
85	156
90	166
95	175



**REDUCED WORKLOAD PROGRAM/JOB SHARE PARTNER ENROLLMENT FORM**

*School Year 2016 - 2017*

**REDUCED WORKLOAD EMPLOYEE**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Present Site Location \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**PROPOSED INSTRUCTIONAL SCHEDULE**

Grade Level/Assignment/Program: \_\_\_\_\_ School site: \_\_\_\_\_  
**RWL Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**JOB SHARE PARTNER**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Present Site Location \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**PROPOSED INSTRUCTIONAL SCHEDULE**

Grade Level/Assignment/Program: \_\_\_\_\_ School site: \_\_\_\_\_  
**Job Share Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please ensure that the calendar reflects a minimum of 50% of your current work year. I agree to the requirements of the program as described in Article 31 of the Collective Negotiations Contract. I further understand that I shall be required to resign upon conclusion of the tenth year of participation in the program.

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Copy of 2016-JobShareRates.xlsx Job Share Splits - Medical*

		HMO Network 1 - Single			HMO Network 1 - Two-Party			HMO Network 1 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
20	\$735.60	\$588.48	\$147.12	\$1,455.60	\$1,164.48	\$291.12	\$2,042.40	\$1,633.92	\$408.48	
30	\$735.60	\$514.92	\$220.68	\$1,455.60	\$1,018.92	\$436.68	\$2,042.40	\$1,429.68	\$612.72	
40	\$735.60	\$441.36	\$294.24	\$1,455.60	\$873.36	\$582.24	\$2,042.40	\$1,225.44	\$816.96	
50	\$735.60	\$367.80	\$367.80	\$1,455.60	\$727.80	\$727.80	\$2,042.40	\$1,021.20	\$1,021.20	
60	\$735.60	\$294.24	\$441.36	\$1,455.60	\$582.24	\$873.36	\$2,042.40	\$816.96	\$1,225.44	
70	\$735.60	\$220.68	\$514.92	\$1,455.60	\$436.68	\$1,018.92	\$2,042.40	\$612.72	\$1,429.68	
80	\$735.60	\$147.12	\$588.48	\$1,455.60	\$291.12	\$1,164.48	\$2,042.40	\$408.48	\$1,633.92	
90	\$735.60	\$73.56	\$662.04	\$1,455.60	\$145.56	\$1,310.04	\$2,042.40	\$204.24	\$1,838.16	
		HMO Network 2 - Single			HMO Network 2 - Two-Party			HMO Network 2 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
20	\$974.40	\$779.52	\$194.88	\$1,933.20	\$1,546.56	\$386.64	\$2,715.60	\$2,172.48	\$543.12	
30	\$974.40	\$682.08	\$292.32	\$1,933.20	\$1,353.24	\$579.96	\$2,715.60	\$1,900.92	\$814.68	
40	\$974.40	\$584.64	\$389.76	\$1,933.20	\$1,159.92	\$773.28	\$2,715.60	\$1,629.36	\$1,086.24	
50	\$974.40	\$487.20	\$487.20	\$1,933.20	\$966.60	\$966.60	\$2,715.60	\$1,357.80	\$1,357.80	
60	\$974.40	\$389.76	\$584.64	\$1,933.20	\$773.28	\$1,159.92	\$2,715.60	\$1,086.24	\$1,629.36	
70	\$974.40	\$292.32	\$682.08	\$1,933.20	\$579.96	\$1,353.24	\$2,715.60	\$814.68	\$1,900.92	
80	\$974.40	\$194.88	\$779.52	\$1,933.20	\$386.64	\$1,546.56	\$2,715.60	\$543.12	\$2,172.48	
90	\$974.40	\$97.44	\$876.96	\$1,933.20	\$193.32	\$1,739.88	\$2,715.60	\$271.56	\$2,444.04	
		HMO Network 3 - Single			HMO Network 3 - Two-Party			HMO Network 3 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
20	\$1,154.40	\$923.52	\$230.88	\$2,292.00	\$1,833.60	\$458.40	\$3,222.00	\$2,577.60	\$644.40	
30	\$1,154.40	\$808.08	\$346.32	\$2,292.00	\$1,604.40	\$687.60	\$3,222.00	\$2,255.40	\$966.60	
40	\$1,154.40	\$692.64	\$461.76	\$2,292.00	\$1,375.20	\$916.80	\$3,222.00	\$1,933.20	\$1,288.80	
50	\$1,154.40	\$577.20	\$577.20	\$2,292.00	\$1,146.00	\$1,146.00	\$3,222.00	\$1,611.00	\$1,611.00	
60	\$1,154.40	\$461.76	\$692.64	\$2,292.00	\$916.80	\$1,375.20	\$3,222.00	\$1,288.80	\$1,933.20	
70	\$1,154.40	\$346.32	\$808.08	\$2,292.00	\$687.60	\$1,604.40	\$3,222.00	\$966.60	\$2,255.40	
80	\$1,154.40	\$230.88	\$923.52	\$2,292.00	\$458.40	\$1,833.60	\$3,222.00	\$644.40	\$2,577.60	
90	\$1,154.40	\$115.44	\$1,038.96	\$2,292.00	\$229.20	\$2,062.80	\$3,222.00	\$322.20	\$2,899.80	

*Copy of 2016-JobShareRates.xlsx Job Share Splits - Medical*

	PPO - Single			PPO - Two-Party			PPO - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer
20	\$873.60	\$698.88	\$174.72	\$1,698.00	\$1,358.40	\$339.60	\$2,367.60	\$1,894.08	\$473.52
30	\$873.60	\$611.52	\$262.08	\$1,698.00	\$1,188.60	\$509.40	\$2,367.60	\$1,657.32	\$710.28
40	\$873.60	\$524.16	\$349.44	\$1,698.00	\$1,018.80	\$679.20	\$2,367.60	\$1,420.56	\$947.04
50	\$873.60	\$436.80	\$436.80	\$1,698.00	\$849.00	\$849.00	\$2,367.60	\$1,183.80	\$1,183.80
60	\$873.60	\$349.44	\$524.16	\$1,698.00	\$679.20	\$1,018.80	\$2,367.60	\$947.04	\$1,420.56
70	\$873.60	\$262.08	\$611.52	\$1,698.00	\$509.40	\$1,188.60	\$2,367.60	\$710.28	\$1,657.32
80	\$873.60	\$174.72	\$698.88	\$1,698.00	\$339.60	\$1,358.40	\$2,367.60	\$473.52	\$1,894.08
90	\$873.60	\$87.36	\$786.24	\$1,698.00	\$169.80	\$1,528.20	\$2,367.60	\$236.76	\$2,130.84
	Kaiser - Single			Kaiser - Two-Party			Kaiser - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer
20	\$634.80	\$507.84	\$126.96	\$1,252.80	\$1,002.24	\$250.56	\$1,767.60	\$1,414.08	\$353.52
30	\$634.80	\$444.36	\$190.44	\$1,252.80	\$876.96	\$375.84	\$1,767.60	\$1,237.32	\$530.28
40	\$634.80	\$380.88	\$253.92	\$1,252.80	\$751.68	\$501.12	\$1,767.60	\$1,060.56	\$707.04
50	\$634.80	\$317.40	\$317.40	\$1,252.80	\$626.40	\$626.40	\$1,767.60	\$883.80	\$883.80
60	\$634.80	\$253.92	\$380.88	\$1,252.80	\$501.12	\$751.68	\$1,767.60	\$707.04	\$1,060.56
70	\$634.80	\$190.44	\$444.36	\$1,252.80	\$375.84	\$876.96	\$1,767.60	\$530.28	\$1,237.32
80	\$634.80	\$126.96	\$507.84	\$1,252.80	\$250.56	\$1,002.24	\$1,767.60	\$353.52	\$1,414.08
90	\$634.80	\$63.48	\$571.32	\$1,252.80	\$125.28	\$1,127.52	\$1,767.60	\$176.76	\$1,590.84