

**Los Rios Community College District
REQUEST FOR PRE-RETIREMENT WORKLOAD REDUCTION
Regular Faculty Employees Only**

College: ARC CRC FLC SCC Other _____

Name: _____ Employee ID: _____

Retirement System (for current, full-time position): CalSTRS CalPERS

I hereby request that the period of service beginning in Fall _____ be set at _____% of full time. I request my full retirement from the Los Rios Community College District effective Spring _____ (*must be end of Spring semester for Professors and Librarians; end of fiscal year for Counselors, Coordinators, and Nurses. Retirement date cannot be more than five years after starting in the reduced workload program*)

I acknowledge that this contract is binding and does not allow for an increase in workload nor a change in the retirement date to any date after the retirement date stated above.

In order to effect the provisions of Pre-Retirement Workload Reduction, it is understood and agreed that:

- a. My salary shall be paid at the above reduced percentage of full-time equivalent salary for the appropriate class and step on the salary schedule during the term of this agreement.
- b. If my workload is evenly balanced between fall and spring semesters, or if my workload is greater in the fall than in the spring, I will be paid in equal monthly installments.
- c. If my workload is greater in the spring than in the fall, I will be paid as the workload is incurred. This may result in less or no pay in the fall semester, with greater pay in the spring semester.
- d. The intent of the Pre-Retirement Workload Reduction is to assist with transitioning employees to full retirement. Per Article 3.7.1.4 of the LRCFT Bargaining Agreement, "The initial load of any employee who elects to accept partial employment under this pre-retirement program may only be increased by mutual agreement and at the District's discretion." Therefore, additional assignments beyond the agreed to reduced load will not be provided during the effective term of this reduction, other than stipends (which require special district approval), and day-to-day substituting.
- e. My contributions to the CalSTRS/CalPERS (whichever applies) shall be based upon the contributions required for the full-time equivalent salary for the appropriate class and step.

Signature: _____

Date: _____

After completion, return this form to your Dean. For questions about pre-retirement reduced workload, please refer to the LRCFT contract, CalSTRS or CalPERS regulations, or contact your Dean or the Human Resources Specialist at (916) 568-3109.

This form must be submitted to Human Resources no later than March 1st of the calendar year in which the Reduced Workload becomes effective.

Dean Acknowledgement*

Recommended: Yes No Comments: _____

Signature: _____

Date: _____

***Dean:** Please forward to the appropriate Vice President's office for completion of board agenda item.

Human Resources Approval

Meets Criteria: Yes No Verified by: _____ Date: _____

Currently participating in the Pre-Retirement Workload Reduction Program? Yes No