

# Reduced Workload Program Eligibility Certification

ES 1161 (REV 04/16)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

Please thoroughly read the attached instructions before completing this form. Please type or print legibly in dark ink. This form must be submitted to CalSTRS prior to the member's first day of performing service in the Reduced Workload Program.

## SECTION 1: MEMBER INFORMATION

MEMBER NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

COUNTY CODE/NAME

DISTRICT CODE/NAME

## SECTION 2: REDUCED WORKLOAD PROGRAM ELIGIBILITY REQUIREMENTS

YES

NO

1. The governing board of the employer or a county superintendent of schools established regulations which allow employees who are members of the DB program to participate in the Reduced Workload Program.

2. Member has:

- Attained age 55 prior to the Effective Date of Workload Reduction.
- At least 10 years of service credit prior to the Effective Date of Workload Reduction.
- Been employed in a full-time position without a break in service for each of the five years immediately preceding the Reduced Workload Program effective date.
- Salary not greater than that of School principal (K-12), pursuant to Education Code section 44922. Community colleges have no limit.

3. Agreement:

- Exists between employer and member.
- Is in effect prior to the beginning of the academic year.
- Requires member to work at least 50 percent of full time position.

4. Reduction in workload is not more than 10 years.

Note: If the response to any of the above items is "NO," the member may not be eligible to participate in the Reduced Workload Program. Please contact CalSTRS immediately for final determination.

AGREEMENT EFFECTIVE DATE	ACADEMIC YEAR BEGIN DATE	EFFECTIVE DATE of WORKLOAD REDUCTION	FULL-TIME SALARY	PERCENTAGE OF FULL-TIME CONTRACT
			\$	%

## SECTION 3: EMPLOYER CERTIFICATION AND SIGNATURE

I hereby certify by submitting this form that the member mentioned above is eligible to participate in the Reduced Workload Program as described in Education Code sections 22713, 44922 (K-12), and 87483 (community college). **I understand that this certification must be completed and approved by CalSTRS before the member begins working a reduced schedule.** I understand it is a crime to fail to disclose a material factor to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine up to \$5,000 (Education Code section 22010).

OFFICIAL'S NAME & TITLE

OFFICIAL'S SIGNATURE

DATE

CalSTRS USE ONLY

CalSTRS SIGNATURE

APPROVAL DATE



ES1161

# Reduced Workload Program Eligibility Certification -Instructions

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**Read these instructions before completing this form. Print or type in dark ink. Initial all corrections.**

Use this *Reduced Workload Program Eligibility Certification* form to verify the member's eligibility for the Reduced Workload Program, per Education Code section 22713, 44922, and 87483. This form must be submitted to CalSTRS prior to the member's first day of performing service in the Reduced Workload Program.

## **SECTION 1—MEMBER INFORMATION**

Enter member's full name, Client ID or Social Security Number, County code and name, and District Code and name.

## **SECTION 2—REDUCED WORKLOAD PROGRAM ELIGIBILITY REQUIREMENTS**

Per Education Code section 22713, 44922, and 87483, specific requirements must be met for any member to participate in the Reduced Workload Program. Review each part 1 through 4, and check the corresponding "YES" or "NO" box that is applicable to the member meeting each requirement. If the response to any of the requirements is "NO", the member may not be eligible to participate in the Reduced Workload Program. Please contact CalSTRS immediately for final determination.

**Agreement Effective Date** is the date in which the agreement between the employer and member is established for the member to participate in the Reduced Workload Program. The agreement effective date must be before the academic year begin date.

**Academic Year** is interpreted to mean the period of time beginning the first day, and ending the last day, creditable service is required to be performed. The academic year begin date is the first day of the academic year.

**Effective Date of Workload Reduction** is the first day of instruction in which the member has reduced his or her workload. The RWP effective date must either be on or after the academic year begin date.

**Full-Time Salary** is the annual pay rate the member participating in the Reduced Workload Program would have earned if he or she were to be employed on a full-time basis.

**Percentage of Full-Time Contract** means the percentage of time the member will be reducing his or her full-time contract to. The member must work at least 50% of a full-time contract.

## **SECTION 3—EMPLOYER CERTIFICATION AND SIGNATURE**

Sign and date this form before submitting it to CalSTRS. This form will not be accepted without a signature and date.

### **SUBMIT**

**This form must be submitted to CalSTRS prior to the member's first day of performing service in the Reduced Workload Program.**

Mail form:  
CalSTRS  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275

Fax form:  
(916) 414 - 5476

Transmit form via secure messaging by means of the Secure Employer Website (SEW)

### **QUESTIONS**

For information regarding the Reduced Workload Program or this form, please contact your CalSTRS Employer Services representative.