Reduced Workload Program Eligibility Certification - Instructions

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. This form must be submitted to, and approved by, CalSTRS prior to the start of the school term of the first school year in which the member's workload is reduced.

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, 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.

Date of Agreement 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 date of the agreement must be before the school term begin date.

School Term is defined as a minimum period of 35 weeks beginning the first day and ending the last day creditable service is required to be performed by a member employed on a full-time basis.

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

Percentage of Full-Time Position means the percentage of time the member will be reducing his or her full-time position to. The member must work at least 50% of the time the employer requires for full-time employment in that position.

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, and approved by, CalSTRS prior to the start of the school term of the first school year in which the member's workload is reduced.

Secure Employer Website:	Send the completed form to the ES Forms Queue found in the Business Areas dropdown of the Recipient via SEW.
Email to:	Submit this form via email to the esforms@calstrs.com mailbox unless otherwise instructed by your CalSTRS representative. If sending forms to the esforms@calstrs.com mailbox, please remove all Social Security numbers and only provide the Client ID where applicable.
Mail to:	CalSTRS P.O. Box 15275, MS 17 Sacramento, CA 95851-0275

QUESTIONS

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

Reduced Workload Program Eligibility Certification

ES 1161 REV 04/23

[For CalSTRS' Official Use Only]

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, and approved by, CalSTRS prior to the start of the school term of the first school year in which a member's workload is reduced.

Section 1: Member Information

Provide either your Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

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 has established regulations that allow employees who are members of the DB program to participate in the Reduced Workload Program.

☐ ☐ 2. The member has met all of the following requirements:

- Member is 55 or older prior to the start of the school term of the first school year in which the member's workload is reduced.
- Member has at least 10 years of service credit prior to the start of the school term of the first year in which the member's workload is reduced.
- Member has been employed in a full-time position to perform creditable service under the DB program each year of the five school years immediately preceding the first year in which the member's workload is reduced, without having a break in service.
- Member is employed by a school district or county office of education as a PreK-12 certificated employee who does not hold a position with a salary greater than that of school principal *OR* is employed by a community college district (community colleges have no salary limit).

☐ ☐ 3. A written agreement exists between the employer and the member that:

- Is in effect prior to the beginning of the school term of the first year in which the member's workload is reduced.
- Requires member to work at least 50 percent of a full-time position.

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- Includes member and employer contribution information.

☐ ☐ 4. Total amount of time in which member reduces his/her workload is not more than 10 school 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.

DATE OF AGREEMENT

SCHOOL TERM BEGIN DATE

FULL-TIME SALARY

$

PERCENTAGE OF FULL-TIME POSITION

%

Section 3: Employer Certification and Signature

I understand it is unlawful to make a knowingly false material statement, to knowingly fail to disclose a material fact or to otherwise provide false information with the intent to use it, or allow it to be used, to obtain, receive, continue or increase a benefit administered by CalSTRS. I hereby certify by submitting the information on this form is true and correct and that the member is eligible to participate in the Reduced Workload Program as described in Education Code sections 22713.

OFFICIAL'S NAME & TITLE	
OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
CALSTRS USE ONLY	
CALSTRS SIGNATURE	APPROVAL DATE