

Human Resource Services

Reduced Workload Agreement (Certificated Employees)

| Name: | |
|--|--------------|
| Location: | |
| Position: | |
| Social Security Number: | |
| Extend Reduced Workload Agreement for the | school year. |
| Will be on active inactive duty during the | |
| semester trimester, beginning | |
| AND | |
| Will be on active inactive duty during the | |
| semester trimester, beginning | and ending |
| AND | |
| Will be on active inactive duty during the | |
| semester trimester, beginning | |
| | |
| | |
| Approved: | Date: |
| | |

Attachments: Reduced Workload Agreement, EC 44922 STRS Eligibility Application