

# LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division

## **Application Procedures and Checklist for Reduced Workload Leave**

### **First-time Applicants:**

Submit the following documents with required signatures by April 15 for the following school year:

- ✓ *LAUSD Certificated Request for leave of Absence Form 1065*
- ✓ *LAUSD Reduced Workload Leave Agreement Form 1070*
- ✓ *CalSTRS Reduced Workload Eligibility Certification Form ES 1161 (Rev 1/18). **Complete first line name and social security number only.***

### **Continuing Applicants (Years 2-10):**

For years two through ten submit only the following **documents with required signatures** by April 15 for the following school year:

- ✓ *LAUSD Certificated Request for leave of Absence Form 1065*
- ✓ *LAUSD Reduced Workload Leave Agreement Form 1070*

### **Returning to full-time assignment from Reduced Workload Leave:**

- ✓ Submit completed *LAUSD Certificated Request to Return from Leave Form 1038* two calendar months before the expiration of the current Reduced Workload Leave.

### **Returning to years two through ten of previously approved Reduced Workload Leave from full-time assignment:**

- ✓ An employee with a previously approved Reduced Workload Leave may return to that leave status by completing the above requirements for continuing applicants. It is recommended the employee consult with the supervising Personnel Specialist for Reduced Workload Leaves prior to submitting documents.

## **IMPORTANT**

**The submission of completed documents with all required signatures by the April 15 deadline is the employee's responsibility.** The employee should not depend upon a second party to submit Reduced Workload Leave documents.

Incomplete or unsigned documents may jeopardize approval of the leave and will be returned to the employee.

The approved period for Reduced Workload Leaves is ten years.

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources**  
**Certificated Request for Leave of Absence**

PRINT NAME:				
Last	First	Middle	Pers ID/Emp No	
Street Address while on Leave	City	State	Zip	Telephone
School / Office	Telephone	Local District	Status	
Grade / Subject	Calendar / Track	Position		

**I. DATES OF REQUEST**

For the reason indicated below, I request: ☐ leave of absence; ☐ extension of leave; ☐ change in reason for leave.

The dates of the leave of absence are from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**II. REASON FOR LEAVE**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> Pregnancy-Related Disability Leave*</p> <p>2. <input type="checkbox"/> Pregnancy Leave* (non-disabled)*</p> <p>3. <input type="checkbox"/> Illness Leave - Self*</p> <p>4. <input type="checkbox"/> Personal Leave for Family Illness*<br/> Name &amp; Relation _____</p> <p>5. <input type="checkbox"/> Personal Leave, <u>not</u> for Family Illness.(Unpaid)<br/> Applicable contractual reason: _____***</p> <p>6. <input type="checkbox"/> Industrial Injury/Illness Leave Absence*<br/> Worker's Compensation Claim # _____<br/> Was this Injury Caused by an Act of Violence?<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. <input type="checkbox"/> Parental leave (Paid) <input type="checkbox"/> Bonding (Unpaid)<br/> Bonding with new child within the first year of<br/> child's birth or placement of adopted/foster child<br/> in home.<br/> Date in home: _____</p> | <p>8. <input type="checkbox"/> Child Care leave, for care of employee's child(Unpaid)<br/> Age of Child: _____</p> <p>9. <input type="checkbox"/> Substitute Leave</p> <p>10. <input type="checkbox"/> Half-time Leave</p> <p>11. <input type="checkbox"/> Reduced Workload Leave</p> <p>12. <input type="checkbox"/> Government Order Leave/Absence<br/> Type: _____</p> <p>13. <input type="checkbox"/> Charter School Leave (Unpaid)**</p> <p>14. <input type="checkbox"/> Detached Service Assignment</p> <p>15. <input type="checkbox"/> Other than One-Half time (DACE only)</p> |
|--|--|

\* These requests for leave require Certification of Health Care Provider Form 8239 (see Section VI "Certification of Health Care Provider" on page 2)

\*\* Administrators are not eligible for charter school leaves.

\*\*\* Permissive leave must be cost neutral to the District.

**Note: All employees must answer the questions in Section V "FMLA INFORMATION" on page 2.**

(The term "FMLA" is an abbreviation for the Federal Family and Medical Leave Act.)

**III. EMPLOYEE'S CERTIFICATION**

If requesting leave for illness, family illness, pregnancy, industrial injury, birth, adoption, foster care, or child care, I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this certification. If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the time period claimed by this certification. If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines, and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the listed reason in accordance with the appropriate Collective Bargaining Agreement, and that all of the information on the two pages of this form is true and correct.

**I declare under the penalty of perjury that I have read all of the paragraph above, and it is true and correct.**

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

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

**IV. ADMINISTRATOR'S ACKNOWLEDGEMENT (Note: Administrator does not approve leave)**

Acknowledgement of Leave Request

(Not Required for Extension)

\_\_\_\_\_  
Administrator or Head of School or Section\_\_\_\_\_  
DateHas this absence already been designated as FMLA? Yes ☐ No ☐ (If yes, provide copy of designation (FMLA – 1).**V. FMLA INFORMATION**

Answer all of the following three questions (see Definitions of “FMLA” and related protections on attached page):

A. Yes ☐ No ☐ Are you requesting leave due to a “serious health condition?” (see definition page attached to this form)B. Yes ☐ No ☐ Are you requesting leave under Family & Medical Leave/California Family Rights Act (FMLA/CFRA) with applicable job protections?(For more information, refer to definitions attached to this form or see the District Office of Risk Management's website (ORMIS) at: [www.lausd.net](http://www.lausd.net). Go to the Link to “Offices.”)C. Yes ☐ No ☐ Has this current absence already been designated as FMLA/CFRA by your site?

FMLA &amp; CFRA leaves run concurrently with a District leave. Some leaves may not qualify for FMLA, therefore the FMLA protections would not be applicable. In addition, other leaves may be designated by the District as FMLA-qualifying, with notification to the employee.

**VI. CERTIFICATION OF HEALTH CARE PROVIDER**

On page 1, Section II, for #1-4 &amp; #6, you must submit verification of the health condition. Check one:

- ☐ Certification of Health Care Provider (LAUSD Form 8239) is submitted and attached to this form.
- ☐ Certification of Health Care Provider (LAUSD Form 8239) is not attached but will be mailed separately within 15 days as instructed in “B” below.

**VII. HR APPROVALS**

(The required acknowledgement of this Leave Request by the Site Administrator [or Section Head] is at the bottom of page 1.)

☐ Approved as requested☐ Modified\*\* ☐ Disapproved\*\*\_\_\_\_\_  
Human Resources Division\_\_\_\_\_  
Date\_\_\_\_\_  
Date of Return to Work\_\_\_\_\_  
Date Employee Informed☐ Approved as requested☐ Modified\*\* ☐ Disapproved\*\*\_\_\_\_\_  
Employee Health Services (if applicable)\_\_\_\_\_  
Date

\*\*Rationale for modification or disapproval of this request \_\_\_\_\_

**After completing this form:**

- A. View carefully for accuracy to avoid any delay in processing. An ending date for the leave may be an estimate and can be updated later. Entries such as “Indefinite,” “Unknown,” or “Pending Review” are unacceptable.
- B. Secure signature of administrator and forward ORIGINALS of Form 1065 and attachments to Human Resources, either to:
- (1) LAUSD Certificated Assignments and Support Services Section, 15<sup>th</sup> Floor of the Beaudry Bldg, P.O. Box 3307 (Dept. S), Los Angeles, CA 90051 or,
  - (2) LAUSD Administrative Assignments Unit, 15<sup>th</sup> Floor of the Beaudry Bldg, P.O. Box 3307, Los Angeles, CA 90051, if leave is requested for an administrator.
  - (3) DACE P Personnel Unit, 15<sup>th</sup> Floor of the Beaudry Bldg, Los Angeles, CA 90017

- C. For an extension of leave, Form 1065 with the attachments may be sent directly to the appropriate assignments office, but the site must be notified of this request for extension.
- D. If you are on unpaid leave of absence that is unprotected by FMLA/CFRA, and you wish to continue your medical/dental coverage, contact the Benefits Administration Office on the website [www.achieve.lausd.net/hr](http://www.achieve.lausd.net/hr) by going to the Link to “Offices,” or calling (213) 241-4262.

**(Note: These definitions are for information only. These pages are not to be submitted with your request for leave.)**

## **VIII. DEFINITIONS**

Leaves of absences are granted in accordance with the provisions of Article XII of the District/UTLA Agreement, Article X of the District/AALA Agreement, and applicable Personnel Policy Guides (PG). Copies of the Agreements (UTLA & AALA) are available on-line ([www.utla.net](http://www.utla.net) and [www.aalausd.org](http://www.aalausd.org)); the Personnel Policy Guides (PG) are also available at [www.achieve.lausd.net/hr](http://www.achieve.lausd.net/hr), clicking the link “Employment” and then “Certificated.” In the definitions below, specific section references in the District/UTLA Agreement and the District/AALA Agreement follow each entry and provide information on eligibility, application procedures, rights upon return, effects of cancellation, and employee obligations in connection with returning to service or requesting an extension.

The types of leaves of absence that may be authorized are listed below:

1. **PREGNANCY-RELATED DISABILITY LEAVE** (UTLA: XII,10; AALA: XI,7)  
Submit Form # 8239 “Certification of Health Care Provider” specifying temporary disability due to pregnancy, miscarriage or childbirth.
2. **PREGNANCY LEAVE – NON-DISABILITY** (UTLA: XII,10; AALA: XI,7)  
This is an unpaid leave. Submit Form # 8239 “Certification of Health Care Provider” confirming circumstances involving request for leave for pregnancy, miscarriage or childbirth.
3. **ILLNESS LEAVE** (UTLA: XII,17; AALA: XI,4)  
Submit Form # 8239 “Certification of Health Care Provider” indicating a disabling condition that precludes performance of job duties and/or causes incapacity to perform normal daily functions.
4. **PERSONAL LEAVE for FAMILY ILLNESS** (UTLA: XII,14,17; AALA: XI,14)  
Submit Form # 8239 “Certification of Health Care Provider” indicating care for family member is needed for family member’s disabling condition which causes incapacity to perform normal daily functions. *Typically, up to 6 additional days of paid Personal Necessity per fiscal year, and up to 6 additional days of paid Kin-Care per calendar year can be used and deducted from the employee’s full-pay illness balance to the extent that an employee has those hours in the employee’s full-pay illness balance.*
5. **PERSONAL LEAVE, not for FAMILY ILLNESS** (UTLA: XII,17; AALA: XI,14)  
See UTLA and AALA contracts for qualifying reasons. Indicate type of leave and submit supporting documents.
6. **INDUSTRIAL INJURY/ILLNESS LEAVE OF ABSENCE** (UTLA: XII,22; AALA: XI,6)  
Submit Workers’ Compensation Claim Form DWC 1 which indicates illness/injury arising from District employment (subject to approval by the District’s current Workers’ Compensation administrator). The Workers’ Compensation claim number must be included. For Act of Violence, please refer to the Integrated Disability Management website, [www.achieve.lausd.net/idm](http://www.achieve.lausd.net/idm).
7. **BONDING with NEW CHILD** (UTLA: XII,24; AALA: XI,16)  
This type of leave must be taken within the first year following the date of birth or date of placement in home due to adoption or foster care. Temporary employees who qualify for FMLA/CFRA may use any available Paid Sick Hours. All other certificated employees who have been employed by the district for at least one year must use any available illness time (full pay or half-pay). If the employee exhausts all illness time during the 12 weeks of parental leave, the employee will continue to receive half-pay for the remaining 12 weeks.
8. **CHILD CARE LEAVE** (UTLA: XII,11; AALA: XI,12)  
“Child” is defined as 4 years or younger as of the beginning date of the leave. Attach copy of child’s birth certificate or other official verification.
9. **SUBSTITUTE LEAVE** (UTLA: XII,20)  
Attach Form 1012 (Substitute Availability Statement) obtained from the Substitute Office (213) 241-6151.
10. **HALF-TIME LEAVE** (UTLA: XII,21)  
Attach statement from school administrator confirming that a half-time assignment will be programmed.
11. **REDUCED WORKLOAD LEAVE** (UTLA: XII,22)  
Employee’s schedule must be agreed upon by both principal and teacher for HR approval. Attach Form 1070 (Reduced Workload Leave Agreement) indicating a half-time assignment schedule is requested and approved.
12. **GOVERNMENT ORDER LEAVE OR ABSENCE** (UTLA: XII,18; AALA: XI,8)  
Indicate type of leave with official supporting documents. For pay policy pertaining to jury duty, see Bulletin S-10, 4/28/03. It can be assessed through “LAUSD.net” under the link for Employment/Certificated/Policies.
13. **CHARTER SCHOOL LEAVE** (UTLA: XII,2.0)  
Available for Board approved conversion charter schools that are separating from the District. Attach letter of hire from the charter school.

**14. DETACHED SERVICE ASSIGNMENT**

This is a temporary assignment of a permanent employee on “loan” to an outside agency to provide services that also benefit the District. Call Personnel Research at (213) 241-6356 for required documents.

**15. OTHER THAN ONE-HALF TIME (DACE)**

A leave for other than one-half time may be granted on a year to year basis subject to school schedules, availability of classes, and approval by the principal and the Division of Adult and Career Education (DACE)

**FAMILY AND MEDICAL LEAVE ACT (FMLA)** and **CALIFORNIA FAMILY RIGHTS ACT (CFRA)** provide certain employment protections, such as job return and District-paid health benefits, if the eligible employee needs time off for the “serious health condition” of the employee or the employee’s qualifying family member, or for bonding with a new child in the family. FMLA/CFRA leave can be taken as unpaid in some circumstances, but whenever permissible, it shall be taken concurrently with other paid District leaves (see next section). The District may unilaterally designate a FMLA/CFRA leave, or a concurrent paid leave, based on available information from the employee. A leave under FMLA/CFRA is not to exceed 12 work weeks per FMLA year. An individual must have been employed by the District for at least 12 months, and have worked at least 130 workdays during the 12 months immediately preceding the effective date of the FMLA leave. Proper documentation must be submitted. For additional information on leaves and/or FMLA/CFRA, visit the LAUSD website ([achieve.lausd.net/hr](http://achieve.lausd.net/hr), or [LAUSD.net](http://LAUSD.net) and proceed to the Office of Risk Management), or call the FMLA Leaves Section at (213) 241-3954.

**CONCURRENCE UNDER FMLA/CFRA** means that FMLA/CFRA leave is assigned simultaneously with a District paid (or unpaid) absence. Under the District’s collective bargaining agreements, and pursuant to the regulations of FMLA and CFRA, if an employee’s leave constitutes a qualifying leave under the FMLA and/or CFRA and also constitutes a basis for another type of District leave, such as illness leave, personal necessity leave, workers’ compensation leave, or vacation, the District will require the employee to take FMLA/CFRA concurrently with the other District leave. Similarly, when an employee has requested and is taking FMLA/CFRA, the District shall require and notify the employee requesting FMLA to utilize paid illness time or paid vacation, whenever permissible under the law.

**FMLA MAY BE A PAID LEAVE, OR AN UNPAID LEAVE** depending on whether or not the circumstances qualify for another type of leave that would be paid by the District. In this event, the District would require the District paid leave and FMLA to operate concurrently. An absence taken as FMLA/CFRA which also qualifies for a paid District absence shall be taken as paid absence, if the employee has an available accrued illness or vacation balance. Similarly, an absence qualifying as FMLA/CFRA that is taken with a District unpaid absence shall be unpaid and shall be deducted from the employee’s FMLA/CFRA balance of 12 weeks. Instructions for the use of proper payroll codes are intended to ensure that the leaves are taken concurrently. The employee taking absence for a FMLA/CFRA-qualifying reason will need to provide the requested verification.

**PERTAINING TO PREGNANCY DISABILITY**, an absence or leave due to disability caused by pregnancy, childbirth, or related medical conditions taken under the California Government Code provides up to four months of job-protected leave and is separate and apart from CFRA. Absence or leave for disability caused by pregnancy, childbirth, or related medical conditions is counted as FMLA and as Pregnancy Disability Absence/Leave. It is not counted as CFRA. Thus, leave based on a pregnancy-related disability is not subtracted from an employee’s 12 weeks of available time for the later use of CFRA, so that CFRA may still be available, if requested and otherwise eligible, for instance, for bonding with a new child. The employee taking absence for pregnancy disability will need to provide the requested verification.

**QUALIFYING FAMILY MEMBER UNDER FMLA** is defined as employee’s child under age 18, parents, spouse, or registered domestic partner.

**SERIOUS HEALTH CONDITION** is defined as a health condition that causes the individual to be incapacitated and unable to perform normal daily functions, and creates the need to be under continuing supervision and treatment of a health care provider. Submit Form 8239 “Certification of Health Care Provider” indicating the health condition that requires the need for leave. For more details, request a copy of the definition for “serious health condition”, or see the District website under Office of Risk Management (on the website [www.lausd.net](http://www.lausd.net) by going to the Link to “Offices”, and clicking “Risk Management”), or call FMLA Leaves Section at (213) 241-3954.

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources Division - Certificated Assignments and Support Services**

**REDUCED WORKLOAD LEAVE AGREEMENT**

		July 1, 20	To June 30, 20
Employee Name _____	Pers ID/Employee No. _____	Time Reporting Locn/Cost Center _____	Requested School Year _____
Position _____	Assignment Basis for Reduced Workload Leave: <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>E</b>		
Email _____	@lausd.net	Telephone Number (____) _____	

**The above employee requesting a Reduced Workload Leave is responsible for completing Certificated Request for Leave (Form 1065) and Part I and Part II of this agreement (Form 1070), obtaining all signatures and submission to Human Resources by April 15, prior to the effective school year for which the leave is requested.**

**PART I - PROPOSED WORK SCHEDULE**

In consultation with the Principal/Administrator and certificated time reporter at the leave location, the requesting employee proposes the following work schedule (published/unpublished District Calendar) and time management (annualized or paid as worked-PAW). **Select only Option 1 or Option 2** by placing an "X" in the corresponding box, then **completing all information related to the selected option.**

☐ **OPTION 1-ANNUALIZED SALARY:** Work a District published payroll calendar available at the leave location wherein my salary shall be annualized. I have consulted with my time reporter to identify the available **work schedules** determined by the District's published payroll calendars for this leave and have selected the following **work** schedule from the District published payroll calendars for my assigned location. Indicate only ONE choice from the following:

☐ I am a **Secondary teacher** working ½-day, every day, at least 3 instructional periods with no conference. At the secondary level, a complementary partner with permanent status is required, or an appropriately credentialed auxiliary teacher approved by the site administrator.

☐ I am an **Elementary teacher** working ½-day, every day, which requires a complementary partner **(Where no complementary partner is available, the elementary teacher will be limited to the option of full semester service)**

\*My complementary partner is \_\_\_\_\_ Pers ID/Emp No \_\_\_\_\_

☐ **OPTION 2-PAID AS WORKED (PAW):** Work a non-published calendar wherein my salary shall be paid as worked (PAW) at my contract hourly rate. Place an "X" in the box next to the proposed PAW schedule.

☐ Work the fall semester and not work the spring semester (First Time Applicants and Continuing)

☐ Not work the fall semester and work the spring semester (Continuing Only)

At the secondary level, a complementary partner with permanent status is required, or an appropriately credentialed auxiliary teacher approved by the site administrator.

**Non-classroom certificated employees may also select from the following PAW schedules:**

☐ Work a non-published payroll schedule at ☐ 50% ☐ 60% ☐ 80% of full-time assignment

**In consideration for being granted a Reduced Workload Leave for the school year indicated by the requesting employee, the above proposed work schedule and the complementary partner is agreed upon by the employee and Principal/Administrator as to service to be rendered. This agreement may not be cancelled.**

Employee Signature: \_\_\_\_\_ Pers ID/Emp No: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Administrator Signature: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Date: \_\_\_\_\_

\* Must have a Half-time or Reduced Workload Leave on file

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources Division - Certificated Assignments and Support Services**  
**REDUCED WORKLOAD LEAVE AGREEMENT (page 2)**



Employee Name \_\_\_\_\_ Pers ID/Employee No. \_\_\_\_\_ Time Reporting Locn/Cost Center \_\_\_\_\_ July 1, 20 \_\_\_\_\_ To June 30, 20 \_\_\_\_\_ Requested School Year \_\_\_\_\_

**PART II - ADDITIONAL ACKNOWLEDGEMENTS**

Pursuant to consideration of a Reduced Workload Leave, my understanding of the following is indicated by initialing each item 1 through 12 and my signature where indicated.

1. \_\_\_\_\_ I (along with my complementary partner, if applicable), will comply with my pre-arranged work schedule as agreed upon with my Principal/Administrator as stated in Part I of this document. I understand not doing so may jeopardize my Reduced Workload Leave status with the District and/or CalSTRS and result in less than a full year of service credit for the period of this agreement.
2. \_\_\_\_\_ I will comply with all Reduced Workload Leave requirements pursuant to the District/UTLA Agreement (Article XII, Section 22.0), California Education Code Sections 44922 and 22713, and HR Policy Guide L14 (10-31-17).
3. \_\_\_\_\_ I will receive my regular salary calculated for the actual hours of service as rendered and be "paid as worked" (unannualized) at my hourly contract rate if not working the published District payroll calendar available.
4. \_\_\_\_\_ I understand any over or under payment of salary or STRS deductions related to this leave will be resolved with Payroll Services.
5. \_\_\_\_\_ I understand the District will collect the required CalSTRS retirement deduction based on the salary that would have been earned had I been employed on a full-time basis. It may be necessary for Payroll Services to adjust these deductions through the paid portion of the leave to assure adequate contributions are withheld. Payroll Services will audit contributions at the end of the year and refund any over-collection, or arrange for payment of any under-collection.
6. \_\_\_\_\_ I will receive health, welfare, and retirement benefits as specified in the Reduced Workload Leave Policy Guide L14 (10-31-17).
7. \_\_\_\_\_ I may cancel such leave mid-year only at the District's discretion, will have no return right to the location from which the leave was taken, and will be assigned in accordance with District need. Additionally, the District advises against mid-year cancellations as there may be an adverse effect on the employee's STRS service credit for the year the leave is canceled.
8. \_\_\_\_\_ I understand that I must be on Reduced Workload status for the duration of my assigned calendar.
9. \_\_\_\_\_ I understand I may be transferred or displaced pursuant to the District/UTLA Agreement if such a transfer or displacement would have been made if the employee had been assigned full-time duty.
10. \_\_\_\_\_ I understand I have return rights as specified in the Reduced Workload Leave Policy Guide L14 (10-31-17).
11. \_\_\_\_\_ I will assist my time reporter to verify that I have completed the required hours for Reduced Workload.
12. \_\_\_\_\_ I have read, understood, and obtained a copy of the Reduced Workload Leave Policy Guide L14(10-31-17) available on-line at <http://achieve.lausd.net/hr> >policies/forms >Personnel Policy Guides.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Human Resources Division – Certificated Assignments & Support Services

**Certificated Request to Return From Leave**

**A. EMPLOYEE INFORMATION**

Name (Print) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Pers ID/Emp No. \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Teaching Credential(s) \_\_\_\_\_

**B. DISTRICT TEACHING EXPERIENCE - List most recent assignment first**

_____	_____	_____	_____	_____
School	Date From	To	Grade(s)	Subject(s) Taught
_____	_____	_____	_____	_____
School	Date From	To	Grade(s)	Subject(s) Taught

My current leave \_\_\_\_\_ Expires \_\_\_\_\_

Identify Type \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I am available for an assignment beginning \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**C. INSTRUCTIONS**

If you have been on a permissive leave, complete sections A and B and return to the Certificated Assignments & Support Services Office **TWO CALENDAR MONTHS** prior to the expiration of your leave.

If you have been on an illness, rest, industrial injury, or pregnancy disability leave, your personal health care provider must complete Section D of this form. Where duty restrictions are listed by your health care provider, you must contact your Personnel Specialist at (213) 241-5100. Prior to your return, you may need to be cleared by the District Medical Director and/or referred to the Reasonable Accommodations Department.

If there is an address and/or telephone number change after submission of this form, the Assignment Office must be notified at (213) 241-5100 as you may be referred for assignment interviews.

**D. TO BE COMPLETED BY TREATING HEALTH CARE PROVIDER**

The above-named employee is under my professional care and will be able to return to work with ☐ without ☐ restrictions on this date \_\_\_\_/\_\_\_\_/\_\_\_\_. Describe restrictions in detail:

\_\_\_\_\_

I certify that the above information provided hereon is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Health Care Provider \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
Type or print name of Health Care Provider \_\_\_\_\_ Degree \_\_\_\_\_ State License Number \_\_\_\_\_

Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area \_\_\_\_\_ Telephone Number \_\_\_\_\_

**ORIGINAL MUST BE RETURNED TO:**

Los Angeles Unified School District  
Certificated Assignments & Support Services  
P.O. Box 3307, 15<sup>th</sup> Floor, Beaudry  
Los Angeles, CA 90051



# Reduced Workload Program Eligibility Certification

ES 1161 (REV 01/18)

# 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, 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

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 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.
- 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

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. 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.**

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

Fax form: (916) 414 - 5476

Email form: Submit form electronically via secure messaging on the Secure Employer Website (SEW)

## QUESTIONS

For information regarding the Reduced Workload Program or this form, please contact your CalSTRS Employer Services representative at [EmployerHelp@CalSTRS.com](mailto:EmployerHelp@CalSTRS.com)

SERVICE:	Certificated	REDUCED WORKLOAD
ISSUED BY:	Pers. Research (2-16-09)	
REPLACES:	PG: L 14 (4-6-84)	
REFERENCE:	Education Code 22713 and 44922, UTLA Agreement, Art. XII, Section 22,	
CHANGES:	Changes to reflect current Education Code and UTLA Agreement, current office names, new forms, and procedures.	

1. Definition. A Reduced Workload Leave may be granted to a permanent certificated employee, pursuant to the "Reduced Workload Program" authorized by Education Code Sections 44922 and 22713, to permit reduction of the employee's regular assignment to the equivalent of one-half the number of hours required for full-time employment.
2. Requirements.
  - a. Age. Employee must have reached age 55 prior to the school year during which the leave is effective.
  - b. Status. Employee must hold permanent status, be serving in pre-kindergarten through grade 12, and not hold a position with a salary above that of a school principal.
  - c. Service. Employee must have been assigned full time in a certificated position with the District for a minimum of ten years of credited service of which the 5 school years immediately preceding the effective date of the leave must have been full-time employment. Time spent on formal leaves shall not constitute a break in the 5 school year sequence, but shall not be included in computing such service requirement.
  - d. Assignment. An assignment and schedule must be available that is satisfactory to both the employee and the District for either half of each working day or for one semester of full-time service per year. If the employee is assigned on other than "C" basis, the leave shall be the equivalent of one-half the number of days of service required by the employee's current assignment basis.
  - e. Retirement Deductions. Employee and District must agree to retirement contributions based on the employee's salary that would have been earned if employed on a full-time basis.

Retirement contributions amounting to 16% will be deducted from the actual earnings for employees working during the spring or fall semester or from the actual earnings for employees working halftime the entire school year. If the District does not collect enough retirement contributions by the end of the fiscal year (June 30), the employee will be billed in July. Any excess contributions will be refunded to the employee.
3. Length of Leave. CalSTRS approves reduced workload status for 10 consecutive years. Leave is granted for one school year by the District. Such leave may be renewed annually for up to a maximum of 10 school years, provided an assignment agreeable to both the District and the employee can be arranged.
4. Compensation. Salary is "paid as worked" if working a semester schedule or other than a published District calendar. Otherwise, salaries are "annualized" if working a published District calendar.
5. Effect on Benefits.
  - a. Health and welfare benefits continue during the leave.
  - b. Illness absence credit and vacation are received, if applicable.
  - c. Employee is eligible for schedule advancement but not eligible for step advancement. Salary points may be earned while on leave.

5. Effect on Benefits. (Cont'd.)

- d. Time on leave does not count toward pre-leave service or career increment requirements but does count as service for examination purposes.
- e. Retirement: Employee receives full retirement credit for a year of service.

Note: (1) Full retirement credit is not earned until the end of the school year.

- (2) The salary earned must not be less than half the salary the employee would have earned if employed on a full-time basis. If the employee is paid less than half of the full-time salary, the minimum participation requirements will not have been met.
- (3) Participation will not be approved for members whose participation does not coincide with the beginning of the school year. Mid-year participation is not allowed.
- (4) The employee who terminates the leave or service with the District for any reason before the end of the school year will receive retirement credit based on the salary actually paid in the proportion that it relates to the annual salary that would have been paid had full-time employment continued.
- (5) Retirement contributions for service not credited because of termination for retirement, disability, or death will be returned to the employee or beneficiary.

6. Request Procedure.

a. Employee must:

- (1) Complete Certificated Request for Leave or Absence (Form 1065) This form is available online at [http://www.teachinla.com/hr\\_forms.html](http://www.teachinla.com/hr_forms.html). First time applicants must also complete and submit CalSTRS form ES-1161, Reduced Workload Program Eligibility Certification Application. Form available on line at [http://www.calstrs.com/help/forms\\_publications/ereeic/eic\\_vol24\\_iss3.pdf](http://www.calstrs.com/help/forms_publications/ereeic/eic_vol24_iss3.pdf)
- (2) Obtain signature of immediate administrator (administrator's signature is an acknowledgement of the leave request and not an indication that the administrator will arrange a halftime assignment for the employee, or an approval of the leave).
- (3) Complete Reduced Workload Leave Agreement (Form 1070). This form is available online at [http://www.teachinla.com/hr\\_forms.html](http://www.teachinla.com/hr_forms.html).
- (4) Attach original Form 1070 to Certificated Request for Leave or Absence (Form 1065) and CalSTRS form ES-1161 if required. All forms are due to Certificated Placement and Assignments, Beaudry Building, 15<sup>th</sup> Floor, by April 15. Administrator and employee should retain a copy for their records.
- (5) Employee will be notified by Certificated Placement and Assignments Office regarding the official approval of the leave.

7. Cancellation. Requests for leaves that have been approved may be canceled only upon the approval of the Director, Certificated Placement and Assignments. Such requests will be considered on the basis of convenience to the District. The employee who cancels such a leave shall have no right to return to the location from which leave was taken and will be assigned in accordance with District need.

8. Return Rights.

- a. The employee who serves in a half-day assignment all year shall remain at the location where service was rendered, except that:
  - (1) Employee may be transferred pursuant to the UTLA Agreement, Article XI, Transfers, if such a transfer would have been made if the employee had been on full-time duty.
  - (2) If such a transfer becomes necessary during the leave and no other half-time assignment is available, leave will be terminated prior to employee's transfer
- b. The employee who serves full-time for one semester and takes a full-time leave for one semester has return rights to the location from which the leave was taken except that the employee may be transferred pursuant to the Agreement, Article XI, Transfers, if such a transfer would have been made if the employee had been on full-time duty.

9. Return Procedure.

Two calendar months prior to the expiration of the leave, the employee shall file with Certificated Placement and Assignments a Request to Return from Leave (Form 1038), or if eligible, request an extension of the reduced workload leave by April 15 (use Form 1065), or file for Resignation (Form 8152). These forms are available online at [http://www.teachinla.com/hr\\_forms.html](http://www.teachinla.com/hr_forms.html).