

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

REDUCED WORKLOAD LEAVE AGREEMENT

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

Position _____ Assignment Basis for Reduced Workload Leave: A B C E

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 in 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time reporter at the leave location, the requesting employee proposes the following work schedule (published/unpublished District Calendar) and time management (annualized or paid as worked-PAW).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

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)

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 or modified without HR permission.

Employee Signature: _____ Pers ID/Emp No: _____ Date: _____

Principal/Administrator Signature: _____ Cost Center: _____ Date: _____

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



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July 1, 20_____
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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 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: _____

