

**LONG BEACH COMMUNITY COLLEGE DISTRICT
APPLICATION FOR OPTIONAL REDUCED WORKLOAD PROGRAM**

I hereby apply for the Optional Reduced Workload program as described in Board Policy 3028.

Name: _____
Last
First
Middle

Employee Id Number: _____ Date of Birth: _____

Home Address: _____
City
State
Zip Code

Telephone Number: _____ Previous Reduced Load: Yes ___ No ___
(Area Code)
If yes, semester and year began: _____

Assignment for Coming Year: _____

The optional reduced workload program has a maximum term of ten (10) years. I plan to participate for **1 2 3 4 5 6 7 8 9 10** year (s) and wish to work the following way:

Fall semester: _____% Spring semester: _____% Beginning: _____
(Give semester and year)

Please note: a member participating in the Reduced Workload Program must begin participation at the beginning of the school year, and must continue program participation until the end of the school year.

I understand that my participation is deemed to be a declaration of my intent to retire at the end of this period.

 Applicant's Signature Date

 Department Head's Signature Date

 Instructional Dean's Signature Date

 Vice President's Signature Date

 Superintendent-President's Signature Date

PLEASE RETURN TO THE HUMAN RESOURCES OFFICE, LIBERAL ARTS CAMPUS

 Vice President, Human Resources Signature Date

For office use only: Board Action _____ Date Contract _____ Date