

**LONG BEACH COMMUNITY COLLEGE DISTRICT
APPLICATION FOR VOLUNTARY REDUCTION IN LOAD**

I hereby apply for the Optional Reduced Workload program as described in Board Policy 3028.4.

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: _____

I request a voluntary contract reduction in the percent of assignment as indicated:

Entire School Year: _____ academic year / % of load
Fall semester only: _____ academic year / % of load
Spring semester only: _____ academic year / % of load

Please note: Any faculty interested in a voluntary contract reduction must submit a request to HR by March 15th of each year.

I understand that my participation in this program is completely voluntary.

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