



# Human Resource Services

7. The employee shall be fully covered under the district's group health, life and dental insurance program, but shall be required to pay his/her share of the premiums for dependents for a full year, as is any other employee.
8. The salary of the employee shall be that which is a pro-rate share of the salary he/she would be earning had he/she elected to exercise the option of part-time employment, but he/she shall retain all other rights and benefits for which he/she makes payments that would be required if he/she remained in full-time employment. He/she shall not



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## Early Retirement Incentive Agreement (Certificated)

I, \_\_\_\_\_, hereinafter referred to as Employee, hereby agree with the Sacramento City Unified School District, hereinafter referred to as Employer, to reduce my work load from fulltime to \_\_\_\_\_% for the purposes and under the conditions specified in Education Code Sections 44922 and 22713, as enacted by the 1974 California Legislature (amended in 2007), for period beginning the \_\_\_\_\_ school year and continuing until the end of the school year.

I agree to the following specific assignment: (check one)

- Part-time for the school year, as specified above.
- On duty Fall semester; off duty Spring semester.
- On duty Spring semester; off duty Fall semester.

although I agree that during the period of this agreement I may be reassigned or transferred in accordance with Employer's duly adopted regulations governing transfer and assignment.

It is understood that this agreement may be revoked by the mutual consent of the Employee and the Employer.

It is further agreed that I shall be paid a pro-rata share of the salary I would be earning had I not elected to exercise the option of part-time employment and shall retain all other rights and benefits for which I make payment that would be required if I remained in full-time employment.

I understand that I will receive full-time retirement credit under the State Teachers' Retirement Fund during the duration of this agreement provided I contribute to the State Teachers' Retirement Fund the amount that would have been contributed if I were employed on a full-time basis. Employer likewise agrees to contribute to the State Teachers' Retirement Fund the amount that Employer would have contributed had Employee been employed on a full-time basis.

I understand that my salary will be paid as follows:

If on duty the fall sem 34 T8163b off duty the Sp c

It is understood that my voluntary deductions (health insurance dependent coverage, SCTA, etc.) will continue unless I notify the Payroll Department in writing that a deduction is to be discontinued and the date of discontinuance.

It is understood that sick leave will be earned at the rate of one full day of sick leave for each month of full-time service. If only a percentage of a day is worked, sick leave will be earned at the same percentage. It is further understood that sick leave will not be paid for illness occurring during the period the Employee is not on duty.

If my salary warrant is now being sent to a bank for deposit, this will continue. If it is now being sent to

**Reduced Workload Program**

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