



**California Public Employees' Retirement System**  
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### Reduced Workload Program Eligibility and Election Certification Form

EMPLOYEE'S NAME (LAST, FIRST, INITIAL)

EMPLOYEE'S CID OR SOCIAL SECURITY NUMBER

BUSINESS PARTNER'S NAME

BUSINESS PARTNER'S CID NUMBER

ELIGIBILITY REQUIREMENTS	YES	NO
1. Is the employee an academic employee for the California State University or a certificated employee of a school district or an academic employee of a community college district?		
2. Does the employee meet the criteria provided in Sections 44922, 87483, or 89516 of the Education Code?		
3. Is the employee's appointment under the Reduced Workload Program limited to five years of part-time service?		
4. Is the member 70 years of age or less?		
Note: If the response to any of the above items is "No," the employee is not eligible to participate in the Reduced Workload Program.		

REDUCED WORKLOAD PROGRAM EFFECTIVE DATE	EMPLOYEE'S FULL-TIME SALARY	EMPLOYEE'S PERCENTAGE OF FULL-TIME TO BE WORKED
	\$	%

BUSINESS PARTNER REPRESENTATIVE'S NAME & TITLE	BUSINESS PARTNER REPRESENTATIVE'S SIGNATURE	DATE

I hereby certify by submitting this form that the employee mentioned above is eligible to participate in the Reduced Workload Program as described in Government Code Section 20900 and Education Code Sections 44922, 87483, and 89516.

EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE

I hereby elect to participate in the Reduced Workload Program and acknowledge that I will be making retirement contributions based on my full-time salary.