



Reduced Workload Agreement (Certificated Employees)

Name:
Location:
Position:
Social Security Number:

Extend Reduced Workload Agreement for the _____ school year.

Will be on active inactive duty during the _____
 semester trimester, beginning _____ and ending
_____.

AND

Will be on active inactive duty during the _____
 semester trimester, beginning _____ and ending
_____.

AND

Will be on active inactive duty during the _____
 semester trimester, beginning _____ and ending
_____.

Approved: _____

Date: _____

Attachments: Reduced Workload Agreement, EC 44922
STRS Eligibility Application