



Elementary Teacher Application For A Reduction in Contract

Name of Teacher

Social Security/Employee ID Number

School Assignment

Subject or Grade Taught

<p>CURRENT CONTRACT STATUS IS:</p> <p><input type="checkbox"/> 1.00 (Full Contract)</p>

<p>REQUEST REDUCTION OF CONTRACT TO:</p> <p><input type="checkbox"/> 0.50 (Half-Time Contract)</p>
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Date Contract Reduction Effective : _____

I request that my contract be reduced as indicated above. I declare that this request is being made voluntarily on my part without pressure or coercion. I further understand that this reduction will have the following impact on my pay and insurance benefits:

1. My pay will be reduced to reflect the same percentage of pay at my step and lane as the percentage of a full contract after the reduction (i.e., 80%, 67% or 50%).
2. For me to retain my insurance benefits, I will be required to pay a proportionally (higher) share of premium contributions via payroll deduction based on my half-time contract FTE status.
3. If I no longer desire to participate in insurance benefits, within 30 calendar days of the reduction in contract, I must appear at the HR Benefits Office and complete termination of coverage forms. Coverage will cease as of the effective date the reduction in contract occurred.
4. I understand that by accepting this reduction in my contract, I give up all rights and expectation for returning to my previous contract status. Future contract status increases are dependent upon the availability of FTE or positions at my school and I will need to apply and be considered with other candidates for available contracts in the District.

Signature: _____
Employee's Signature

Date