

# Reduced Workload Program Eligibility and Election Certification Form

## Section 1: Member Information

Employee's Name (Last, First, Middle 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, a certificated employee of a school district, or an academic employee of a community college district?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee meet the criteria provided in Sections 44922, 87483, or 89516 of the Education Code?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the employee's appointment under the Reduced Workload Program limited to five years of part-time service?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the member 70 years of age or younger?	<input type="checkbox"/>	<input type="checkbox"/>

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
	\$	%

## Section 2: Business Partner Sign and Certify

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.

Business Partner Representative's Name

Business Partner Representative's Title

Business Partner Representative's Signature

Date

## Section 3: Employee Sign and Certify

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.

Employee's Name

Employee's Signature

Date

# CalPERS Privacy Notice

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## Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).