

**San Diego Unified School District
Human Resource Services Division**

CERTIFICATED REQUEST FOR VOLUNTARY REDUCTION

Certificated employees may use this form to request a voluntary reduction in their contracted FTE (listed on your contract with the District). All voluntary reductions are subject to approval by the employee's supervisor and/or division head.

Reductions are in place for one academic year. The employee will resume his/her contracted FTE the following academic year unless another voluntary reduction is approved.

Form must be mailed to Human Resources at 4100 Normal St, Room 1241, San Diego, CA 92103, faxed to (619) 296-7522 or emailed to jobs@sandi.net.

Name	Employee ID#
School or Department	Contracted FTE
Requested FTE	School Year Reduction With Affective Date

I understand that this change may affect my total salary, my retirement deductions, and/or my group insurance benefits, and I am willing to accept those changes for the academic year listed above.

Signature:

Date:

Supervisor's or Principal's Approval:

Date: