MIRACOSTA COMMUNITY COLLEGE DISTRICT
VOLUNTARY REDUCTION IN WEEKLY CLASSIFIED
ASSIGNMENT REQUEST

Classified employees who have passed their one year probationary period and who are interested in working a reduced assignment during fiscal year ________, please follow the guidelines listed below:

1. Discuss the feasibility of a reduction in workload with your immediate supervisor.
2. If it is determined that a reduction can be taken, submit the completed form below to your immediate supervisor for approval. Your supervisor has 15 working days to respond.
3. Upon approval from your immediate supervisor, submit the request to the division head for his/her approval.
4. Upon approval from your division head, submit the request to the Payroll department.

Please note:

a) Your request may be denied if it is determined that the workload of the department/program and/or other employees or services provided by your department are negatively impacted.
b) The voluntary reduction in assignment will revert to the regular/permanent schedule on July 1st of each fiscal year. If you wish to continue you must resubmit a plan by July 1st.
c) You may either need to submit a revised Work Assignment form to Payroll with your revised work schedule, or you may just note unpaid absences as time without pay (TWOP) on your timecard. Payroll will inform you of the proper reporting methodology depending on the specifics of your plan.

I am requesting a voluntary reduction in assignment from my permanent position with the District. I understand that this time is unpaid and may affect my service credit with PERS, depending upon the amount of time I take (if paid for fewer than 1,720 hours per year).

Employee name: ________________________ Department: ________________________

Beginning date: _______________ End date: _______________

What is your planned schedule of unpaid time off? _______________________________

(must be in full day increments)

Number of hours per week/month to be reduced ________________________

Total hours per week still worked ______

Employee’s signature: _______________________________ Date: _______________

Supervisor’s signature: _______________________________ Date: _______________

Division head’s signature: _______________________________ Date: _______________

Please return this form with all signatures to the Payroll office at MS14. You will receive an email notification when your request has been approved and processed, along with instructions on how your unpaid time should be reported during the plan’s duration.