

**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 approve 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 emailed to jobs@sandi.net or to your Human Resources Officer.

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

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: