## LONG BEACH COMMUNITY COLLEGE DISTRICT APPLICATION FOR OPTIONAL REDUCED WORKLOAD PROGRAM

I hereby apply for the Optional Reduced Workload program as described in Board Policy 3028.

Employee Id Number:	st		Middle
	Date of Birth:		
Home Address:		<u>Quarta</u>	7. 0.1
	City	State	Zip Code
Telephone Number:			d: Yes No
(Area Code) Assignment for Coming Year:	If yes, semester and year began:		
The optional reduced workload program has a maxi	imum term of	ten (10) vears I	nlan to particinate
		d wish to work the	
	to your (s) un		
Fall semester:% Spring semester: _		% Beginning: _	
Please note: a member participating in the Reduced Work			Give semester and year)
Applicant's Signature		D	ate
Applicant's Signature Department Head's Signature			ate
		D	
Department Head's Signature			ate
Department Head's Signature Instructional Dean's Signature			ate
Department Head's Signature Instructional Dean's Signature Vice President's Signature	OURCES OFFI		ate ate ate ate