

**APPENDIX U1
ANNUAL PLAN FOR EMERITUS PROGRAM
(ARTICLE 19 – EMERITUS PROGRAM)**

Foothill-De Anza Community College District

WORK PLAN FOR THE ACADEMIC YEAR _____

Prepared by the District Office of Human Resources

Name: _____ CWID _____ POS# _____ Date Issued _____

Your salary placement at the time of your retirement is: Column ____ Step ____ @ _____ X ____ (months) \$0.00
 Professional Recognition Award(s) \$0.00
 Professional Achievement Award(s) \$0.00
Total Annual Compensation \$0.00

Article 19 Participation ends not later than: _____

In accordance with *Article 19.3*, your allowable earnings limit for the duration of your participation in the program is \$_____ which represents _____ of your full-time contract compensation.

Note: If you receive payment associated with the Early Notice Incentive (Article 20 and Appendix X) subsequent to your effective date of retirement with STRS, this payment may count toward your STRS earnings limitation for that year. You may wish to adjust your Article 19 plan accordingly to avoid a STRS penalty.

Faculty are advised that effective January 1, 2013, STRS/PERS may prohibit employment, enforce certain restrictions, or reduce the retirement benefit during the first 180 calendar days following the effective date of becoming a retiree annuitant under either program. Faculty who choose to accept an assignment within 180 calendar days following effective date of retiree annuitant status shall do so at their own risk. Such acceptance shall not be cause for the District to alter or adjust the start date or terms of any assignment.

IMPORTANT INFORMATION

In accordance with Article 19 of the Agreement between the District and the Faculty Association:

1. Each faculty employee participating in the Emeritus Program shall complete and sign each year an Annual Plan mutually agreed upon by the employee and the Board (Article 19.6). A Plan involving an assignment outside of the faculty employee's assigned division at the time of retirement requires agreement of their Dean or appropriate administrator at the time of retirement.
2. The percentage stated above is determined at the time of the employee's retirement, constitutes an annual maximum, and remains constant for the duration of the employee's Article 19 employment. A participant in the program may work less but not more than this percentage (Article 19.6).
3. District-paid Life Insurance will be in effect for the duration of the employee's Article 19 participation. (Article 19.3).
4. In accordance with Article 19.6.1 and 19.6.2, it is the **responsibility of the faculty employee** to file this completed Annual Plan with the District Office of Human Resources by _____.
5. In accordance with Article 19.7.2 it is the **responsibility of the faculty employee** to file a new Annual Plan with the District Office of Human Resources if revisions are made or changes occur.

PROPOSED ASSIGNMENT: The following is your proposed Article 19 assignment (in accordance with Article 10.4, Article 19 faculty are assigned after contract and regular faculty):

| Quarter(s) | Preferred Course(s) / Other Assignment(s) | Load Factor(s) |
|------------------|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | * Index/FOAP _____ | * Total Load Factor _____ |
| *Required fields | | Total Load Factor cannot be greater than: _____ |

I hereby certify that I agree to the Annual Plan and understand that in the event of any changes I must submit a complete and authorized *revised* Annual Plan, to the District Office of Human Resources.

Employee

Date

I hereby certify that I agree to and authorize payment on the above Annual Plan. I understand that in the event of any changes the employee must submit an agreed upon *revised* Annual Plan to the District Office of Human Resources.

Division Dean for Article 19 Assignment

Date

Vice President or Associate Vice President
for Article 19 Assignment

Date

Division Dean for Retiring Division (if different)

Date

SUBMIT TO DISTRICT OFFICE OF HUMAN RESOURCES (Faculty Responsibility)

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Employee

Date

I hereby certify that I agree to and authorize payment on the above Annual Plan. I understand that in the event of any changes the employee must submit an agreed upon *revised* Annual Plan to the District Office of Human Resources.

Division Dean for Article 19 Assignment

Date

Vice President or Associate Vice President
for Article 19 Assignment

Date

Division Dean for Retiring Division (if different)

Date

SUBMIT TO DISTRICT OFFICE OF HUMAN RESOURCES (Faculty Responsibility)