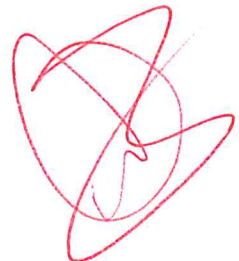


Memorandum of Understanding
Alternative 12-Month Pay Schedule for Full-Time Faculty
Effective for the 2023-2024 Fiscal Year and Ongoing

This agreement is between the Citrus College Faculty Association ("Association") and the Citrus Community College District ("District") and is entered into to reflect an alternative 12-month pay schedule, effective with the 2023-2024 fiscal year. The District and the Association agree as follows:

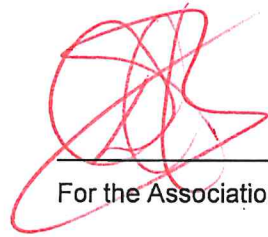
1. The 12-month pay schedule is offered on a voluntary basis, allowing individual 10- or 11-month full-time faculty the option of electing an alternative 12-month pay cycle over a regular 10-month pay cycle. If elected, the alternative 12-month schedule will provide faculty with a paycheck on the first of every month, beginning on August 1, 2023 and concluding on July 1, 2024, and following the same cycle for each year thereafter. All elections will remain in effect for the duration of each fiscal year.
2. Bargaining unit members wishing to elect the alternative 12-month pay schedule for fiscal year 2023-2024 must do so in writing with the Payroll Supervisor, on a District-prescribed form (Exhibit A – Part A) by no later than May 12, 2023.
3. Elections shall remain in effect unless rescinded, in writing with the Payroll Supervisor, on a District-prescribed form (Exhibit A – Part B) by no later than June 10, to become effective with the next immediate fiscal year, beginning July 1.
4. For newly hired full-time faculty, the 12-month pay schedule shall only be made available if their effective date of employment is prior to August 1 in the first year of hire and who elect the alternative pay schedule by no later than June 1, preceding their effective date of hire. Otherwise, the 12-month pay schedule will be made available to them upon their second year of employment with the District. *(Note: The District and Association agree to revisit this item prior to the start of the 2024-2025 fiscal year.)*
5. Electing the 12-month alternative pay schedule will not affect any assignment calendars or load, as defined in the collective bargaining agreement.

A red ink signature, appearing to be a stylized 'S' or 'B', is written in the bottom right corner of the document.

Dated:

C. Dan for R. Sammis

For the District



For the Association

Exhibit A

Sample 12-Month Pay Cycle Election Form – Full-Time Faculty Bargaining Unit Members

Part A

For the _____ fiscal year, I hereby elect a 12-month pay cycle. This election will result in the receipt of paychecks on the first of every month, beginning on August 1st and concluding on July 1st, for the _____ fiscal year. I understand that my annual salary will be divided into 12 equal installments.

I further understand that this election will not affect any of the following:

- Voluntary dues or deductions – such voluntary amounts will continue to be deducted over a 10-month period (September through June).
- CalSTRS (or CalPERS if applicable) service credit – one year of service credit will continue to be earned, regardless of either a 12- or 10-month pay cycle.
- Medical, Dental, Vision coverage – all benefit-eligible employees are covered on the district's paid medical program, year-round, regardless of pay cycle.

Name: _____

Signature: _____

Date: _____

Part B

☐ I hereby rescind my 12-month pay cycle election, effective with the next immediate fiscal year beginning July 1. I understand this action will place me on a 10-month pay cycle, resulting in the receipt of ten (10) equal paychecks on the first of every month, beginning on September 1st and concluding on June 1st.

I further understand that by rescinding my 12-month pay cycle election, this action will not affect any of the following:


- Voluntary dues or deductions – such voluntary amounts will remain deducted over a 10-month cycle (September through June).
- CalSTRS (or CalPERS if applicable) service credit – one year of service credit will continue to be earned, regardless of either a 12- or 10-month pay cycle.
- Medical, Dental, Vision coverage – all benefit-eligible employees are covered on the district's paid medical program, year-round, regardless of pay cycle.

Name: _____

Signature: _____

Date: _____

Return form to Payroll/Benefits Supervisor – Administration Building, AD239



CCFA PAY CYCLES

PAY ISSUED ON THE 1ST OF THE MONTH - SERVICE PERIOD IS THE PRECEDING MONTH											
AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL

PAY MOS DAYS

10		X		X		X		X		X	
12	X	X	X	X		X	X	X	X	X	X

