

Voluntary Reduction Request Form-Certified Staff

Name: Lanaya Schnettler Position Title: Sped. Teacher

Date: 5/30/24

I voluntarily request and consent to a one-year (1) temporary reduction of .4 FTE of my 1.0 full time equivalency (FTE) at Rockford Middle School.

☐ effective FY 25 (July 1, 2024-June 30, 2025)

I understand that my .6 FTE for the 2024-2025 school year will revert back to 1.0 FTE for the 2025-2026 school year. I understand and am fully advised of my legal rights pursuant to Minn. Stat. § 122A.40, and any and all legal rights I may have regarding my employment by the School District, including any rights I have under the Master Agreement by and between the School District and EMR.

I understand that if my request is approved, my FTE for 2024-2025 will reflect my temporary voluntary reduction in the employment contract.

Lanaya Schnettler
Employee Signature

5/30/24
Date

Kurt Holey
EMR President

5/31/24
Date

I approve the above reduction request in hours and effort:

Mike Mahaffey
Director of Business Operations

6-10-24
Date

Cc: Personnel File