## HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

## CERTIFICATED PART-TIME LEAVE OF ABSENCE REQUEST

NAME		S	tatus (check	one)	Previous Part Time Leave?	
			Probation	nary	From	
Last	First Middle		Permane		(mm/dd/yr	) (mm/dd/yr)
School/Department/Division Position and Subject						
1.	Part-time leaves of absence, accompanied by a reduced teaching or daily work schedule, may be granted for a minimum of one semester or a maximum of one year upon approval of the Principal, Assistant Superintendent – Human Resources, and Board of Trustees.					
2.	A part-time leave and reduction in assignment shall not affect the staff member's right to their previous FTE (Full-Time Equivalency) assignment for the semester or year following the reduced assignment and part-time leave.					
3.	Approved part-time leaves shall remain in effect only for the period of time stipulated on the leave request. It is assumed that the employee will return to their former FTE assignment for the semester or year following the part-time leave unless the employee submits a new request and is approved for further part-time service.					
4.	I hereby request a PAR	T-TIME LEA	AVE from _		to	
	I hereby request a <b>PAR</b>			(mm/dd/y	ear)	(mm/dd/year)
5.	During the period of this leave, I desire that my contract be reduced to the following number of teaching sections:					
	(check one)	1/6*	2/6*	3/6	4/6	<u> 5/6</u>
	*The district's fringe benefits will not be available for a staff member who has less than a 50 percent (3/6) contract.					
6.	Have this form approved by your principal / division head and forward this request to the Human Resources – Certificated Office; retain a copy for your records.					
7.	Your signature on Line 8 indicates that you understand and will abide by the above stated conditions.					
8.	Remarks:					
9.	PLEASE SIGN HERE					
		Signature of	Employee			Date
10.	Approved					
	Disapproved	Principal/Div	vision Head			Date
11.	Approved					
	Disapproved	Assistant Su	perintendent	– Human F	Resources	Date