



Request for Leave of Absence or Request for Reduced Assignment

Employee Name: _____ Site & Grade/Subj: _____

Signature: _____ Date _____ Last Four of SSN _____

Request for Leave of Absence

I request the below leave of absence beginning _____ and ending _____

Straight Leave of Absence – without pay or other District-paid benefits. Employees may purchase benefits while on leave. (Briefly describe the reason for your leave):

Family Medical Leave – FMLA/CFRA (Attach physician’s note to this request). Briefly describe the reason for your leave:

Military Leave (Attach copy of military orders to this request).

Request for Temporary Reduction in Assignment

I request the below reduced assignment beginning _____ and ending _____
I acknowledge that, by March 1 of the final year of this period, I will request an extension of this reduction or return to my tenured employment percentage. (Article XI, Section L of Collective Bargaining Agreement).

Reduced Assignment – Job-Share Partner Required (Typically K-5 classroom).
Partners need to complete the PAUSD Job-Share Agreement.

Reduced Assignment – Job-Share Not Required (Typically secondary level and special assignments).

Tenure Percentage: _____ Temporary Percentage Requested: _____

To be completed by principal or central office supervisor. Please submit to Certificated Human Resources.

I have read this leave request and I support it do not support it.

Comments:

Principal’s Signature _____ Date _____

Accepted by: _____
Human Resources Administrator _____ Date _____