

CERTIFICATED ☐

CLASSIFIED ☐

**PASADENA UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES
REQUEST FOR REDUCTION IN WORK SCHEDULE**

COMPLETE AND SUBMIT TO YOUR IMMEDIATE ADMINISTRATOR FOR APPROVAL

NAME (LAST, FIRST, MIDDLE)		LAST 4 DIGITS OF SOCIAL OR EID#
MAILING ADDRESS		TELEPHONE NUMBER
SCHOOL	DEPARTMENT	POSITION

1. I am currently employed on the following work schedule:

_____ hours per day or _____ hours per week _____ days per week
 _____ months per year _____ % assignment

2. I request to reduce my work schedule to:

_____ hours per day or _____ hours per week _____ days per week
 _____ months per year _____ % assignment

3. If approved, I request to have this reduction in my work schedule take effect on:

_____ 20 _____

My reduction in work schedule will end on:

_____ 20 _____

4. Reason(s) for request:

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I further understand that if my temporary reduction in my work schedule is approved, I will be entitled to only those fringe benefits and rights that accrue to an employee working the work schedule that I have requested.

SIGNATURE OF EMPLOYEE	TODAY'S DATE
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IMMEDIATE ADMINISTRATOR (Forward to Human Resources)

<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE OF IMMEDIATE ADMINISTRATOR	TODAY'S DATE
APPROVED DISAPPROVED			
COMMENT:			

HUMAN RESOURCES ADMINSTRATOR

<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE OF HUMAN RESOURCES ADMINSTRATOR	TODAY'S DATE
APPROVED DISAPPROVED			
COMMENT:			