

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
HUMAN RESOURCES**

REQUEST FOR BOARD APPROVAL
CLASSIFIED STIPEND: Specialized Health Care Services
Must be submitted 10 working days prior to Board Meeting

Submitted by: _____ Date: _____

RECIPIENT:

NAME _____

LOCATION _____

NUMBER OF HOURS WORKED PER WEEK _____

REQUIRED SERVICES: (check those that apply)

Catherization

Suctioning

Gastric tube feeding

Other (explain below)

DATE(S) OF SERVICE: From _____ To _____

Check one:

_____ Daily Service* – 5% of Range 37, Step 1 (#0105114005-2131)

OR

_____ Backup Service* – 2% of Range 37, Step 1 (#0105114002-2131)

Special Ed Budget Approval:

Signature

Date

Educational Services Approval:

Signature

Date

Board Approval Date: _____

*Note: Use salmon colored timecard to report specialized health care services.
After time worked please designate DS for daily service or, BS for backup service.*