



Substitute Employee Paid Sick Leave Request Form

HR use only

Note to Substitute Employees: Please ensure all fields are properly completed, as this is required documentation and must be submitted to Human Resources no later than the 10th of each month payable on the next payroll. Incomplete forms will result in a denial of pay and be returned to the employee for completion.

Employee Name (Print full legal name):	Employee ID# (Required)										
Email Address:	Certificated <input type="checkbox"/> Classified <input type="checkbox"/>										
Substitute Position Title (Required; please be specific)*:											
<p>* Most common examples of Substitute Positions:</p> <table border="0"> <tr> <td>Paraeducator, General</td> <td>Teacher, Day to Day (Half or Full Day only)</td> </tr> <tr> <td>Paraeducator, Mild/Mod</td> <td>Teacher, Hourly</td> </tr> <tr> <td>Paraeducator, Mod/Sev</td> <td>Teacher, Charter Hourly</td> </tr> <tr> <td>Custodian, Day</td> <td>Teacher, Retiree Hourly</td> </tr> <tr> <td>Custodian, Night Shift</td> <td>Teacher, Summer School / Extended Day</td> </tr> </table>		Paraeducator, General	Teacher, Day to Day (Half or Full Day only)	Paraeducator, Mild/Mod	Teacher, Hourly	Paraeducator, Mod/Sev	Teacher, Charter Hourly	Custodian, Day	Teacher, Retiree Hourly	Custodian, Night Shift	Teacher, Summer School / Extended Day
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Custodian, Day	Teacher, Retiree Hourly										
Custodian, Night Shift	Teacher, Summer School / Extended Day										
Site / Location (if applicable):											
Job # of canceled assignment (if applicable):											

<p>Approved Type of Absences</p> <ul style="list-style-type: none"> • Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member. • For an employee who is a victim of domestic violence, sexual assault, or stalking, the purposes described in subdivision (c) of Section 230 and subdivision (a) of Section 230.1. <p><u>*Must be submitted no later than 10 days after date of absence</u></p>	Date(s) of Absence(s)*:	
	Hours Requested (minimum 2 hours or half day for Day to Day subs)	
	Time of Absence(s): (ex. 7:30 am-3:00 pm)	

Signature:	Date:
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<p>HR Use Only:</p> <p><input type="checkbox"/> 90 Days <input type="checkbox"/> Sick Leave Accrued <input type="checkbox"/> Sick Leave available <input type="checkbox"/> Entered <input type="checkbox"/> Denial</p> <p>Earned: _____ Used: _____ Available: _____</p>
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