Substitute Employee Paid Sick Leave Request Form

*Note to Substitute Employees:* Please ensure all fields are properly completed. Incomplete forms will result in a denial of pay and be returned to the employee for completion.

- Must be *submitted* to Human Resources no later than the **10th of each month** payable on the next payroll.
- Must be *submitted no later than 10 days after date of absence.*
- Only **3 Days** of Sick Leave can be requested per school year.

<table>
<thead>
<tr>
<th>Employee Name (Print full legal name):</th>
<th>Employee ID# (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td>Certificated</td>
</tr>
<tr>
<td></td>
<td>Classified</td>
</tr>
</tbody>
</table>

**Substitute Position Title (Required; please be specific):**

*Most common examples of Substitute Positions:*

- Paraeducator, General
- Paraeducator, Mild/Mod
- Paraeducator, Mod/Sev
- Custodian, Day
- Custodian, Night Shift
- Teacher, Day to Day (Half or Full Day only)
- Teacher, Hourly
- Teacher, Charter Hourly
- Teacher, Retiree Hourly
- Teacher, Summer School / Extended Day

**Site / Location (if applicable):**

**Job # of canceled assignment (if applicable):**

<table>
<thead>
<tr>
<th>Approved Type of Absences</th>
<th>Date(s) of Absence(s)*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee’s family member.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

*Must be submitted no later than 10 days after date of absence

**Time of Absence(s):**

(ex. 7:30 am-3:00 pm)

**Signature:**

**Date:**

**HR Use Only:**

- 90 Days
- SL Accrued
- SL available
- Entered
- Denial

**Earned:**__________ **Used:**__________ **Available:**__________

**Updated:** 6/18/18