



# Substitute Employee Paid Sick Leave Request Form

HR Use only

*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 **10<sup>th</sup> of each month** payable on the next payroll.
- Must be *submitted no later than 10 days after date of absence*.
- Only **5 Days** or 40 hours of Sick Leave can be requested per school year.

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 see below)	
Most common examples of Substitute Positions: Paraeducator all                      Food & Nutrition Services Custodian                                      Clerical Campus Supervisor Yard Supervisor Teacher, Day to Day (Half or Full Day only)	
Site / Location (if applicable):	
Approved Type of Absences <ul style="list-style-type: none"> <li>• Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member.</li> <li>• 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.</li> </ul>	Date(s) of Absence(s)*:
	Number of hours requested per day. (minimum 2 hours or half day for Day-to-Day subs)
	Clock hours (ex. 7:30 am-3:00 pm)
Signature:	Date:

HR Use Only:

90 Days  
  SL Accrued  
  SL available  
  Entered  
  Denial  
 Technician Initials: \_\_\_\_\_

Earned: \_\_\_\_\_ Used this school year \_\_\_\_\_ Available: \_\_\_\_\_