



## 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 **3 Days** 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)*:													
<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
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												
Site / Location (if applicable):													
Job # of canceled assignment (if applicable):													
<p>Approved Type of Absences</p> <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> <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:											

HR Use Only:			
<input type="checkbox"/> 90 Days	<input type="checkbox"/> SL Accrued	<input type="checkbox"/> SL available	<input type="checkbox"/> Entered <input type="checkbox"/> Denial
Earned: _____ Used: _____ Available: _____			