



CERTIFICATED

CLASSIFIED

Employee Name: _____ EIN#/SSN# _____
(last 4 digits)

Scheduled work date(s) requested: _____
 Frontline Confirmation # of scheduled date(s) to work: _____
 Work Site you were scheduled to work on above date(s): _____
 Number of hours scheduled to work on requested date(s): _____
 (Paid sick leave must be taken in two-hour increments)

A temporary or substitute employee may use accrued sick leave for absences due to: for the diagnosis, care or treatment of an existing health condition of, or preventative care for, the employee or his/her family member as defined in Labor Code 245.5

PLEASE CHECK THE FAMILY MEMBER

<input type="checkbox"/>	Self	Sick Leave
<input type="checkbox"/>	Parent	Biological, adoptive, foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child
<input type="checkbox"/>	Partner	Registered domestic partner
<input type="checkbox"/>	Grandchild	
<input type="checkbox"/>	Child	Biological, adopted, or foster child, stepchild, legal ward, or a child to the whom the employee stood in loco parentis, regardless of age or dependency
<input type="checkbox"/>	Spouse	Current spouse; not an ex-spouse
<input type="checkbox"/>	Grand-parent	
<input type="checkbox"/>	Sibling	

-FOR CERTIFICATED LONG-TERM SUBSTITUTES* OR TEACHERS-IN-TRAINING ONLY-**

<input type="checkbox"/>	BEREAVEMENT LEAVE	RELATIONSHIP: _____
<input type="checkbox"/>	PERSONAL NECESSITY	

*Long-Term Substitutes are considered having worked 21 or more consecutive days in the same assignment.

**Teachers-in-Training signed a commitment to a particular school site, also may be referred to as “Resident Substitutes”

I have read and understand the accrual and usage provisions under the Paid Sick Leave Guidelines in Administrative Regulations 4121. I also understand that this form must be turned in to Personnel Services within five days of the leave date(s) and failure to do so will cause delay in payment. In order for the requested pid leave to be included on the next following pay date (on the 9th of the following month), I must submit my request within the requested leave date(s) pay-period deadline. Furthermore, I understand that if the assignment hours for the requested leave are greater than my accrued leave, I will be paid only the accrued time available/accumulated up to the prior month’s pay period. **I HEREBY CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT AND I ACKNOWLEDGE MY RESPONSIBILITY IN FOLLOWING THE TIMELINES OF THE REQUEST.**

Employee Signature

Date

ADMINISTRATOR APPROVAL

APPROVED

DENIED

AFTER THE FACT

Approver Signature

Date

THIS FORM MUST BE TURNED INTO PERSONNEL SERVICES WITHIN 5 DAYS OF ABSENCE