



Wiseburn Unified School District

Tom Johnstone, Ed.D., Superintendent

Board of Trustees,

Israel Mora, President • JoAnne Kaneda, Vice President / Clerk
Roger Bañuelos, Member • Neil Goldman, Member • Nelson Martinez, Member

Guidelines for Reporting Sick Leave under the “Healthy Workplaces/Healthy Families Act of 2014”

Purpose: The purpose of this Reference Guide is to provide information about the procedures for notification, reporting and approval of paid sick leave for eligible employees who currently do not receive sick days.

Background: The Healthy Workplace/Healthy Families Act of 2014 (Labor Code §§ 245-249) provides sick leave for eligible employees who currently do not have a sick leave entitlement. Effective July 1, 2015, eligible employees are entitled to up to three (3) paid sick days or 24 hours in a 12-month period, for the diagnosis, care or treatment of a health condition, or for preventative care for an employee or an employee’s family member. The Act defines employee eligibility, prescribes the use of mandatory paid sick days, eligible family members, notice requirements and contains non-retaliation provisions. Employees who receive certain public retirement benefits are not eligible to accrue sick time under this Act.

Effect: Effective immediately, all employees who do not currently accrue sick time (substitute employees) will receive three (3) paid sick days aligned with the duration of a regularly scheduled work day. These sick days will be available for use upon the 90th day of employment, and employees will know their sick days are available for use when they are displayed on their paychecks. Our implementation dates back to July 1, 2015, so employees who have exceeded 90 days of employment as of that date will have accruals ready for immediate use. All of the sick days provided under this law that are accrued before June 30, 2016 must be used by that date. On July 1, 2016 (and at the beginning of each subsequent fiscal year), these accruals will load automatically provided the employee has 90 days of employment with the District.

Procedures: All sick leave for substitute teachers, substitute instructional aides, and substitute custodial personnel will be reported to and verified by Human Resources. A substitute may request to use their illness benefit by completing and submitting the attached Absence Certification Request Form to the Human Resources Department within 48 hours of the reported sick date. The Absence Certification Request Form will also be posted online under the Human Resources Department tab on our website. In addition, the form will be available in the District Office. The completed form must be faxed to 310-643-7659 or e-mailed to stecun@wiseburn.k12.ca.us.

Employees: As an eligible employee, following the instructions below will enable the payroll clerk and Substitute Office to perform the function necessary to facilitate timely compensation.

1. Check your paystub for up-to-date accruals
2. Follow the procedures outlined in prior sections for notification purposes regarding the utilization of sick time.
3. Complete the Absence Certification Request Form.
4. Submit the Absence Certification Request Form to the applicable office as outlined in prior sections.
5. **Forms must be submitted within the pay period in which the sick day was taken.**



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CERTIFICATION/REQUEST TO USE SICK LEAVE FORM

EMPLOYEE INFORMATION (please print)

Last Name	First Name	MI
_____	_____	_____
Job Title	Phone Number	
_____	_____	

Received call from sub desk on: _____ to cover for _____ at _____
Date Emp. Name Site

Date of Absence: ____ / ____ / ____
Mo. Day Year

Total time of absence: _____ hours

I certify that I was not employed elsewhere during the time period claimed on this form. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines. Furthermore, I certify my absence during my hours is in accordance with the Healthy Workplace/Healthy Families Act of 2014. I declare under penalty of perjury that the foregoing is true and correct.

Employee Signature: _____ Date: _____

HR Office Use Only:	
Sick Time Available: _____	Sick Time Taken: _____
Signature: _____	Date: _____
Printed Name: _____	