



Lompoc Unified School District

Non-Bargaining Unit/Non Contract Employee

Sick Leave Request Form

Payroll Services (805) 742-3270

Absence Information –ATTACH TO TIMESHEET

Employee Legal Name: _____

Employee ID Number: _____

Location: _____

SEMS Job #: _____

Budget Code ; _____

Date of Absence: From: _____ To: _____

Time From: _____ AM/PM To: _____ AM/PM

Reason for Absence: _____

Date of Absence: From: _____ To: _____

Time: From: _____ AM/PM To: _____ AM/PM

Reason for Absence: _____

Date of Absence: From: _____ To: _____

Time From: _____ AM/PM To: _____ AM/PM

Reason for Absence: _____

To be paid on the next regular payroll date, this form must be completed, attached to a timesheet and submitted to the Payroll Department by the 10th of the month.

By signing this form, I understand that to be compensated for my available accrued sick time, it is my responsibility to comply with the policies and procedures for use of leave.

Employee Signature *Date*

Administrator Approval/Signature *Date*

FOR PAYROLL USE ONLY

Hours Paid: _____ Posted: _____