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:** _____