

**Teaching Permit for Statutory Leave (TPSL)
Monitoring and Reporting Certification**

Name of the permit holder: _____

Teacher of record: _____

District of assignment: _____

School site of assignment: _____

Specific statutory leave section that justifies use of the TPSL permit:

- Sick Leave
- Differential Sick Leave
- Pregnancy Disability Leave Act
- Family and Medical Leave
- California Family Rights Act
- Industrial Accident and Illness Leave

Setting

- Special Education
- Self-contained or Middle School Core
- Single Subject

Subject Area(s)

Grade(s)

Number of cumulative days the TPSL holder served in specific statutory leave assignment:

Name of mentor assigned to TPSL permit holder: _____

I declare that reasonable efforts in hiring a substitute with a full teaching credential that matches the setting and/or subject for the statutory leave position were made, and that no such candidate is available.

Superintendent or Designee Completing Worksheet: (Print) _____

Signature: _____ **Date:** _____