

Substitute Leave Request Form

Substitute Name: _____ Social Security #: XXX-XX-_____

Please circle one: Certified Classified

Date(s) of Leave: _____ to _____

Reason: _____

Substitute Signature: _____ Date: _____

OFFICE USE ONLY

Sub Caller (District Receptionist or Site) Request Received: _____ Date Verified: _____

Site Scheduled to work: _____ Job Scheduled to work: _____

Date Scheduled: _____ Hours Scheduled to work: _____

Sub Caller Signature: _____ Date: _____

Attendance / Payroll Department

Hours Available in Everest: _____

Request Received: _____ Pay Rate: _____

Adjusted Leave Hours in Everest: _____ Processed for Pay: _____

Funding number

This is the form you will use to be paid for sick leave, if you have time available. Please fill out the top portion and turn in to District Receptionist or site Secretary. If you have time available, this request will process and you will be paid on the next available payroll.

For more forms please visit www.kcusd.com and click on Departments, then Business Office, then Substitute Information, located at the top of the website. The forms will be there along with any information relating to sick leave use. If you have questions on available leave or how it works please call Payroll at (559) 305-7010.

Once the leave forms are authorized submit by email to payroll@kcusd.com . Document must be labeled with the Month, Year, Last Name, Last 4 digits of Social Security Number, and Sub Leave.

Example: June2018 ramirez5151SubLeave

Thank you.