



Lawndale Elementary School District

Certification of Absence (AB1522)

Classified & Certificated Substitutes

Instructions: Complete all sections and print legibly. An incomplete form could result in your request being delayed.

Employee Name _____ Job Title _____ Employee ID# _____

Job Title _____ Work Location _____ Date filed: ___/___/___

Certificated Substitute
Must be used in ½ day increments

Classified Substitute
Must use a minimum of two (2) hours

An employee shall notify the district of his/her need to be absent as soon as the need to be absent is known, but whenever possible at least two (2) hours prior to the start of the workday to permit the District time to secure substitute service.

A substitute employee must first accept an assignment for the day on which he/she is requesting to be absent prior to utilizing available paid sick leave. The employee should cancel the job in AESOP as soon as the absence is known.

In order to process your paid sick leave request, you must submit this completed form with your substitute timesheet for the current pay period. Timesheets are due by the 11th and 26th of each month for Classified Substitutes and by the 26th of each month for Certificated Substitutes.

Type of Absence Requested:

Sick Leave (\$246.5): *A temporary or substitute employee may use accrued sick leave for absences for the diagnosis, care or treatment of an existing health condition of, or preventative care for, the employee or his/her family member as defined in Labor Code 245.5.*

Date of Absence: From ___/___/___ To ___/___/___ Total Time Absent: _____

AESOP Confirmation Number _____

I hereby certify that on the date listed above I was absent for the reason indicated and was unable to carry out the duties of my assignment(s) or any other assignment with other districts, and to the best of my knowledge, the conditions stated herein are correct.

I understand that if I do not have any sick leave available, I will not be paid for the hours indicated.

Signature of Employee _____ Date _____

Site Supervisor/Principal _____ Date _____

Signature of Administrator _____ Date _____