

TRACY UNIFIED SCHOOL DISTRICT

SUBSTITUTE EMPLOYEE REQUEST TO UTILIZE SICK LEAVE BENEFIT

Name: _____ ID# _____

Job classification of substitute position that was declined or cancelled:

- Bus Aide
- Bus Driver
- Child Care
- Clerical/Secretarial
- Food Service
- Library Tech
- Maintenance/Custodial/Grounds
- Para Educator
- School Supervision
- Security
- Teacher
- Utility

Please select one of the following:

- I was offered a substitute assignment but declined due to illness
- OR**
- I cancelled a job that I had previously accepted due to illness.

Date of substitute assignment that was declined or cancelled:

Notes: _____

Substitute position was offered by:

- Aesop _____
Confirmation Number (if applicable)
- Department _____
Department Name
- School Site _____
School Site Name

Employee Signature _____

Date: _____

HR use only:

Position declined: _____

Conf. # (if applicable): _____ Total hours offered: _____ HR Authorization _____

Sub Teacher Rate to be Paid: _____

Payroll use only:

Sick leave balance: _____ as of _____

Certificated: 01-0000-0-1110-1000-1105-800-8003 Classified: 01-0000-0-1110-1000-2105-800-8003

Food Services: 13-5310-0-0000-3700-2205-800-8003

Days/Hours Pay Rate
_____ @ _____

Total Paid _____

Date Paid _____