

GATEWAY UNIFIED SCHOOL DISTRICT  
**NON-BARGAINING UNIT ABSENCE FORM**

TODAY'S DATE: \_\_\_\_\_ LAST 4 OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE(S) ABSENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WORK LOCATION ABSENT FROM: \_\_\_\_\_

BRIEF DESCRIPTION OF WORK THAT WOULD HAVE BEEN PERFORMED ON DATE(S) OF ABSENCE:

TOTAL SICK HOURS REQUESTED: \_\_\_\_\_

\*Minimum increments of two (2) hours, not to exceed eight (8) hours in one day

| <b>Sick Leave Use</b>  |
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| <p><b>Sick Leave Must Be used for One of the Following Absence Reasons (please check one):</b></p> <p><input type="checkbox"/> Diagnosis, care, or treatment of a health condition of, or preventive care for, the employee or a family member</p> <p><input type="checkbox"/> For an employee who is a victim of domestic violence, sexual assault, or stalking to take time off from work to obtain or attempt to obtain any relief</p> <p><b>Family member is defined as:</b></p> <ul style="list-style-type: none"><li>• a biological, adopted, foster child, stepchild, legal ward, or a child to whom the employee stand in loco parentis; regardless of age or dependency status</li><li>• a biological, adopted, foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child</li><li>• a spouse or registered domestic partner</li><li>• a grandparent or grandchild</li><li>• a sibling</li></ul> |

**AFFIDAVIT**

I have truthfully completed this form and have taken (or will take) the absence or leave within the limitations.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site Administrator Signature*

\_\_\_\_\_  
*Date*

| <b>Sick Leave Accrual</b>  |
|--|
| <ul style="list-style-type: none"><li>• 24 Hour Maximum Per Fiscal Year</li><li>• Balance will not roll forward from year to year</li><li>• There will not be any compensation for any unused balance</li><li>• Must be scheduled in advance to report to work on the day the use of sick leave is requested</li></ul> |

Gateway Unified School District shall:

1. not deny any individual the right to use accrued sick leave
2. not discriminate or retaliate against any employee for using or attempting to use sick leave
3. pay an individual no later than the payday for the next supplemental payroll period after receipt of this form

**PAYROLL DEPARTMENT USE ONLY**

LEAVE ADJ DATE: \_\_\_\_\_  HFA CE  HFA CL TOTAL ADJ: \_\_\_\_\_

| CODE  | ACCOUNT NUMBER | HRS/DAYS | RATE  | AMOUNT |
|-------|----------------|----------|-------|--------|
| _____ | _____          | _____    | _____ | _____  |
| _____ | _____          | _____    | _____ | _____  |

PAYROLL DATE: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_