



ESST Request Form

Request Earned Safe & Sick Time for Payment

EMPLOYEE INFORMATION – complete all boxes

Employee Name Print Legal Name		Title / Position	
Address		BLDG / DEPT	

REQUESTED DATE(S) AND HOUR(S) – complete all boxes

Date	Start Time	End Time	Hours Request	Assignment / Description of Work
TOTAL HOURS =				Select one: <input type="checkbox"/> Athletic Worker <input type="checkbox"/> Community Education <input type="checkbox"/> Substitute Teacher
RATE OF PAY				
TOTAL AMOUNT TO BE PAID =				

Budget Code(s):

								% Split:

EMPLOYEE APPROVAL – sign form and submit to Supervisor; forms are due on a weekly basis.

I certify the request is an authorized and actual expense for ISD #885 – STMA Schools and meets School Board policies and guidelines.
 By signing, I declare under the penalties of law that this amount, claim or demand is just and correct and that no part of it has been paid.

Employee Signature: _____ Date: _____

SUPERVISOR APPROVAL – review and sign form; submit to the District Office-Human Resources

By signing, I verify the accuracy and completeness of this claim to the best of my knowledge.

Supervisor Signature: _____ Date: _____

Skyward: Do not submit time off in Skyward. Human Resources will deduct ESST requested amounts.

DISTRICT OFFICE ONLY			
Human Resources - <input type="checkbox"/> Sick Leave Deducted	Sick Leave Code: _____	Entered By & Date: _____	
Payroll - Pay Date: _____	Pay Code: _____	Entered By & Date: _____	