



**Empowering Minds**  
*Igniting Futures*

**WESTERN PLACER**  
Unified School District

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## Healthy Workplace, Healthy Families Act: Absence Request Form

*\*Please note: You need to complete and turn in this absence request slip to the Personnel Department before the 15<sup>th</sup> of the month.*

\_\_\_\_\_  
Employee Name (first and last)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Job Title/School Site + Employee Subbing For

\_\_\_\_\_  
Total Number of Hours/Days Requested

- Classified (minimum of 2 hours sick leave can be used at a time)**
- Certificated (sick leave must be taken in full or half day increments)**

**Date of Absence:** \_\_\_\_\_

**Number of Hours Requested:** \_\_\_\_\_

(maximum of 40 hours of paid sick leave can be taken in a year)

**I certify that I did not work for another employer during this time.** \_\_\_\_\_ **(Initials)**

Consistent with the Healthy Workplace/Families Act, I am requesting sick leave for my absence for the following reason:

Diagnosis, care, or treatment of an existing health condition/preventative care for an employee or an employee's family member

To obtain or seek relief or medical attention specified in Labor Code 230(c) and 230.1(a) for the health, safety, or welfare of the employee, or his/her child, when the employee has been a victim of domestic violence, sexual assault, or stalking

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

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

**\*No employee shall be denied the right to use accrued sick days or hours and the district shall not in any manner discriminate or retaliate against any employee for using or attempting to use sick leave, filing a complaint with the Labor Commissioner, or alleging district violation of Labor Code 245-249. The Superintendent or designee shall provide notice to eligible employees of their sick leave rights, keep records of employees' use of sick leave for three years, and comply with other requirements specified in Labor Code 245-249.**

Requestor Eligible      Processed by \_\_\_\_\_

Remaining Balance \_\_\_\_\_

Hours to be Paid \_\_\_\_\_ Rate to be Paid \_\_\_\_\_

Total Paid \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

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