



SB 616 Leave Request Form for Eligible Substitutes

Note to Substitute Employees: Please ensure **all** fields are properly completed. Incomplete forms will result in a denial of pay and be returned to the employee for completion.

- Must be *submitted* to Human Resources within two (2) working days following the absence. Email to: **Personnel-all@tcusd.net**
- Only **5 Days** or 40 hours of Sick Leave can be requested per school/fiscal year.

Section 1 – SUBSTITUTE INFORMATION (All Fields Required)					
1. Substitute Name (print full legal name):			2. Employee ID#:		
3. Substitute Email:			4. Phone:		
Section 2 – SUBSTITUTE ASSIGNMENT ABSENCE INFORMATION					
For Certificated Substitutes Only:					
Date	Site/Location/Department	Duration of Assignment			
		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day			
		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day			
		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day			
For Classified Substitutes Only:					
Examples of Classified Substitute Positions: Cafeteria Assistant, Campus Security, Childcare Paraprofessional, Childcare Instructor, Clerical/Office Assistant, Custodian, Delivery Driver, Grounds, Health Assistant, LVN, Paraprofessional, PE Aide					
Date	Site/Location/Department	Start Time	End Time	Total Hours	Position
Section 3 – ABSENCE REASON					
Absence Reason (check one):					
<input type="checkbox"/> Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee.					
<input type="checkbox"/> Diagnosis, care, or treatment of an existing health condition of or preventive care for a family member. Family Member Relationship: _____					
<input type="checkbox"/> For an employee who is a victim of domestic violence, sexual assault, or stalking, the purposes described in subdivision (c) of Section 230 and subdivision (a) of Section 230.1.					
Section 4 – ABSENCE VERIFICATION					
Name of Person Contacted to Cancel the Scheduled Assignment:				Date and Time Canceled:	
Section 5 – SIGNATURE					
Substitute Signature:				Date:	
For Human Resources Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved					
HR Signature: _____			Date: _____		
For Payroll Use:					
Earned: _____		Used this school year: _____		Available: _____	
Payroll Technician Signature: _____				Date: _____	