SHORELINE
PUBLIC SCHOOLS

Substitute Sick Leave Request Form

Substitutes are responsible for completing this form to request leave to be charged/deducted from their balance and to receive the corresponding amount of pay in the pay period the time off occurs.

Substitute Name:

Sick Leave Balance:

(Located: https://www.shorelineschools.org/ Staff, Employee Access Login, Enter username & password, use drop down for Employee Access)

CLASSIFIED SUBSTITUTES

DATE OF ABSENCE	# OF SICK LEAVE HOURS requested	POSITION i.e. paraeducator, custodian	PAYROLL USE ONLY
TOTAL # HOURS			

CERTIFICATED SUBSTITUTES

DATE OF ABSENCE	# OF SICK LEAVE HOURS requested	POSITION (optional)	PAYROLL USE ONLY
		CERTIFICATED	
		CERTIFICATED	
		CERTIFICATED	
TOTAL # HOURS			

Substitute's signature below certifies that this leave request conforms to the terms and conditions of the collective bargaining agreement and/or District policy governing the applicable employee group.

Substitute Signature

Date

FOR PAYROLL	**Verify Leave Balance:** **Leave Entered:** ☐ **Substitute Rate:** **Account Code:**	**Date:**