

SUBMIT TO:

Human Resources Romoland School District 25900 Leon Road Homeland, CA 92548

REQUEST FOR SICK LEAVE

Under the Healthy Workplace Healthy Families Act of 2014 (AB1522), non-bargaining unit employees of the Romoland School District will now be eligible for Paid Sick Leave.

An employee is eligible to use Paid Sick Leave for the employee's own (or a family member's) diagnosis, care, or treatment of an existing health condition, for preventative care for specified purposes, or when the employee is a victim of domestic violence, sexual assualt or stalking.

Employees are eligible to use up to twenty-four (24) hours of Paid Sick Leave each fiscal year.

To be eligible to request Paid Sick Leave you will have to have accepted a job from the District Substitute placement system (Eschool Solutions) a minimum of 12 hours before releasing or cancelling the job due to illness, complete this form and submit to the Sub Caller Personnel Secretary prior to the closing of the current pay period as delineated by the posted payroll schedule.

Name:	
☐Guest Teacher ☐Classified S	Sub □Coach □Workability Student □Other:
Employee Number :	
Last 4 of social security:	
Job Number :	Position Title :
School Site :	
Date Absent :	
Sick Leave Hours Requested (n	ot to exceed job hours) :
	Substitute Teacher (please circle one): Half Day (4 hours) Full Day (8 hours) Classified Substitute Hours:
Are the Sub Caller Personnel Se	cretary at RSD and the Site Secretary aware of this sick leave request? \(\subseteq \text{Yes} \) \(\subseteq \text{N} \) o
Requests made that comply wit	h Sick Leave guidelines will be processed according to the pay schedule.
Employee Signature	Date
TO BE COMPLETED BY P	ERSONNEL:
Received By:	Received Date:
Date Sick Leave Granted:	Date Sick Leave Denied:
Reason/Supporting Notes:	·