

Lake Stevens School District #4

Employee Notice for Use of Paid Sick Leave (I-1433)

(Substitute Sick Leave Pay)

EMPLOYEE NAME

POSITION

Employees are responsible for completing this form to request the use of allocated sick leave when the time off occurs. Return this completed form to the Payroll Department by the 5th day of the month following your absence(s) for processing in monthly Payroll.

Sick leave can be used for such approved reasons as to care for yourself or a family member; to address issues related to you or a family member being a victim of domestic violence, sexual assault or stalking; or if your child's school is closed by order of a public official for any health-related reasons.

Documentation may be requested for use of paid sick leave for more than three (3) consecutive days.

Date	Scheduled Hours	Reason For Absence

I am providing notification of my use of paid sick leave for the above date(s).

EMPLOYEE SIGNATURE

DATE

Payroll Use:

S2PY5 - Sick2Pay	0100-27-X169-0000-0000-0000-1
Hours used:	
Remaining hrs:	
Hourly rate:	