

Certification of Absence (AB1522)

Classified & Certificated Substitutes

Instructions: Complete all sections and print legibly. An incomplete form could result in your request being delayed.

Date filed: _____

Employee Name:		Employee ID#:	
Job Title:		Work Location:	

In order to process your paid sick leave request, you must submit this completed form along with your substitute timesheet for the current pay period.

<input type="checkbox"/> Certificated Substitute	<i>Must be used in ½ day increments. Timesheets are due by the 16th of each month</i>
<input type="checkbox"/> Classified Substitute	<i>Must use a minimum of two (2) hour intervals. Timesheets are due by the 11th and 26th of each month.</i>

An employee shall notify the district of his/her need to be absent as soon as the need to be absent is known, but whenever possible at least two (2) hours prior to the start of the workday to permit the District time to secure substitute service.

A substitute employee must first accept an assignment for the day on which he/she is requesting to be absent prior to utilizing available paid sick leave. The employee should cancel the job in Frontline as soon as the absence is known.

Type of Absence Requested (check the applicable reason for the absence below, Labor Code 245):

Sick Leave (\$246.5): *A temporary or substitute employee may use accrued sick leave for absences related to*

- employee's own diagnosis, care, or treatment of an existing health condition or preventative care*
- family member diagnosis, care, or treatment of an existing health condition or preventative care*
- employee who is a victim of domestic violence, sexual assault or stalking*

Date of Absence: From _____ To _____ Total Time Absent: _____

Frontline Confirmation Number _____

I hereby certify that on the date listed above I was absent for the reason indicated and was unable to carry out the duties of my assignment(s) or any other assignment with other districts, and to the best of my knowledge, the conditions stated herein are correct.

I understand that if I do not have any sick leave available, I will not be paid for the hours indicated.

Signature of Employee _____ **Date** _____

Site Supervisor/Principal _____ **Date** _____

Signature of Administrator _____ **Date** _____