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:

CLASSIFIED SUBSTITUTES

DATE OF ABSENCE	# SICK LEAVE HOURS REQUESTED	POSITION (I.E. Paraeducator, Custodian)	PAYROLL USE ONLY
TOTAL # HOURS			

CERTIFICATED SUBSTITUTES

DATE OF ABSENCE	# 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 the district policy governing the applicable employee group.

Substitute Signature

Date

FOR PAYROLL USE	~~Verified Leave Balance:~~	~~Leave Entered:~~	~~Date~~
	~~Substitute Rate:~~		
	~~Account Code:~~		