

# Oxnard Union High School District (OUHSD)

## Request for Substitute Sick Leave Form

- Certificated and classified substitutes to request paid sick leave per AB 1522 / SB 616.
- See Substitute Sick Leave Fact Sheet for more information.
- Complete Request Form within three (3) business days of absence.

**Employee Information**

Substitute Employee Full Name: \_\_\_\_\_ EMP ID #: \_\_\_\_\_  
*Last Name,* *First Name* *Middle Initial* *Employee ID (No SSN)*

**Valid Reasons for Leave**

- Self (diagnosis/care/treatment/preventive)
- Family member (diagnosis/care/treatment/preventive)
- Safe leave (domestic violence/sexual assault/stalking)

**Leave Details**

List the date(s) and hours you are requesting to use paid sick leave.

Date	Frontline Job#	Job Location	Certificated Hours <i>Half Day (&lt;204 Mins)</i> <i>Full Day (204+ Mins)</i>	Classified Hours	Reason For Leave
<i>(MM/DD/YYYY)</i>	<i>Required</i>	<i>Required</i>	<i>Circle One</i>	<i>Enter Hours</i>	<i>Circle One</i>
			Half Day // Full Day		Self // Family // Safe
			Half Day // Full Day		Self // Family // Safe
			Half Day // Full Day		Self // Family // Safe
			Half Day // Full Day		Self // Family // Safe
			Half Day // Full Day		Self // Family // Safe

**Total Hours Requested:** \_\_\_\_\_

**Other Notes:**

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**Employee Certification**

I certify the information is true and correct. I am requesting Substitute Sick Leave under California law (AB 1522 as amended by SB 616). I understand documentation may be required consistent with law and District policy, and that misuse may be subject to separation from district employment.

Employee Signature: _____	Date _____
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**Form Instructions:**

1. Complete all fields in form
2. Provide date of absence, Frontline Job#, job location, certificated half day or full day OR classified hours, and reason for leave per valid reasons.
3. Provide total hours and any applicable notes to district.
4. Signature with date signed is required.
5. Submissions missing information will be returned to requestor to complete missing information and resubmit.
  - a. Submissions missing information or late requests will be delayed in processing.
  - b. This form does not alter District policy. See Substitute Sick Leave Fact Sheet for more information.
6. Submit this form once complete to OUHSD Payroll at [payroll@oxnardunion.org](mailto:payroll@oxnardunion.org) or drop off in person at DO//1800 Solar Dr, Oxnard, CA 93030 c/o Payroll.

**Payroll Use Only**

Prior (hrs)	This Req (hrs)	After (hrs)	Verified by	Date	Approval