Substitute Sick Leave Request Form

Name: _____ Employee ID#: _____

Absence Request Date(s): _____ ☐ Certificated ☐ Classified

Frontline Job # OR Employee Substituting For: _____

Number of hours requested per day OR full day/half day: _____

Paid Sick Leave

Except for a retired annuitant who is not reinstated to the retirement system, any temporary or substitute employee who works for 30 or more days within a year of employment shall be entitled to one hour of paid sick leave for every 30 hours worked. Accrued paid sick days shall carry over to the following year of employment, up to a maximum of 80 hours or ten days. However, the district may limit an employee's use of accrued paid sick days to 40 hours or five days in each year of employment. (Labor Code 246)

A substitute employee may use accrued sick leave for absences due to:

1. The diagnosis, care, or treatment of an existing health condition of, or preventative care for, the employee or his/her family member as defined in Labor Code 245.5.
2. Need of the employee to obtain or seek any relief or medical attention specified in Labor Code 230(c) and 230.I (a) for the health, safety, or welfare of the employee or his/her child, when the employee has been a victim of domestic violence, sexual assault, or stalking.
3. To serve on a jury or appear in court to comply with a subpoena or other court orders as a witness in a judicial proceeding.

No employee shall be denied the right to use accrued sick leave and the office shall not in any manner discriminate or retaliate against any employee for using or attempting to use sick leave, filing a complaint with the Labor Commissioner, or alleging a violation of Labor Code 245-249. The Superintendent or designee shall display a poster containing required information, provide notice to eligible employees of their sick leave rights, keep records of employees' use of sick leave for three years, and comply with other requirements specified in Labor Code 245-249.

The above statement regarding this absence is true to the best of my knowledge.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

90 Calendar Days: Yes☐ No☐ HR Signature: Date: