

Mail To: Sweetwater Union High School District
1130 Fifth Avenue
Chula Vista, CA 91911

Date Of Request

Attention: Payroll Department

*****Request can also be faxed to the Payroll Department at 619-407-4953***

REQUEST FOR LEAVE REPORT

(Please Print)

Please issue time entry for the following YEARS/s _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

UPON COMPLETION: ☐ Contact Phone Number: _____

☐ Email: _____

☐ Send To Site: _____

☐ U.S. Mail: _____

Print Name

Signature

