Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

CALIFORNIA PAID SICK LEAVE

EMPLOYEE ABSENCE REQUEST FORM

Complete all sections. An incomplete form could result in the request being delayed.

PRINT LEGIBLY

EXEMPT ABSENCE REQUEST FORM				
SECTION 1 - EMPLOYEE INFORMATION				
(Please Print)	**FIRST NAME**	**LAST NAME**		
Employee Name:				
Job Position Title:		**Type:** ☐ **Classified** ☐ **Certificated**		
Site Assigned:		**FRONTLINE Job # (if applicable):**		
SECTION 2 – ABSENCE INFORMATION				
	DATE(S)	**START TIME**	**END TIME**	**HOURS**
Information Regarding Illness :				
EMPLOYEE'S SIGNATURE:			**DATE:**	
I hereby certify that all statements and information contained on this form are true and correct. **Note: Any revision to this absence report must be made within 10 days.**				
SECTION 3 - AUTHORIZATION				
Supervisor's Signature:		**Date:**		

GUIDELINES AND PROVISIONS

- A Supervisor's Signature is required if you are unable to accept an assignment due to illness. Signatures are available at assigned site or department.
- In order to process your paid sick leave request, you must submit this form to the individual who signed as the **Supervisor** within 30 days of absence. The **Supervisor** will forward the competed form to Payroll for processing.
- Twenty-four (24) hours of sick leave will be available after thirty (30) days worked or 120th day of initial employment, whichever is sooner. Usage of sick leave will begin after the 90th day of employment if the thirty (30) working days have been met, or on the initial 120th day of employment. An additional sixteen (16) hours will be available upon 200 days of employment. After the initial 200 days of employment forty (40) hours of sick leave will be available each school year. Your sick leave does not carry over from year to year.
- **You may take paid sick leave for you or a family member for diagnosis, treatment, care or preventative care of an existing health condition or for specified purposes if you are a victim of domestic violence, sexual assault, or stalking. Family members include your parent, child, spouse, registered domestic partner, grandparent, grandchild, sibling or designated person. Preventive care would include annual physicals or flu shots.**
- Exceptions: Employees covered by a qualifying collective bargaining agreement and CalPERS retirees.
- If your need is foreseeable, you must give reasonable advance notice to the worksite or supervisor, but where your need is unforeseeable you will need only to give notice as soon as practicable.

PAYROLL OFFICE USE ONLY

Hours Available		**As of Date**		**Number of Hours**		**Rate**		**Account**	