

**Oakdale Joint Unified School District
NON-REPRESENTED PAID LEAVE FORM**

Name: _____ Date(s) of Absence: _____
☐ Certificated ☐ Classified Site: _____
Frontline Job #: _____ Substituting For: _____
(Name of employee you are subbing for)

All Paid Leave Request Forms should be attached to the corresponding pay voucher.

This form is NOT for the use of employees covered by a collective bargaining agreement or District PERS retirees.

AB 1522: Provides paid sick leave to eligible employees who work at least 30 days for the same employer within a year. Three (3) days available leave may be used beginning on the 90th day of employment.

SB 616: Effective January 1, 2024, increased the annual minimum to 40 hours or five days, whichever is greater, provided under the district's applicable sick leave policy. Five (5) days of available leave may be used after 200-days of employment.

OJUSD shall provide sick days to an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.

Family members include a child, parent or parent-in-law, spouse or registered domestic partner, grandparent, grandchild or sibling. A designated person may also qualify under California law.

Paid sick leave is requested for: ☐ Self
☐ Family Member Relationship: _____

By signing this request for a sick leave benefit, I certify that I did not work on this day for another employer. I understand that if it is determined that I did work on this day for another employer I will not be entitled to this benefit for this date of absence. Further, my signature certifies my use of this benefit complies with one of the purposes stated above.

Employee Signature

Date

DISTRICT Use Only:

Supervisor Signature

Date

☐ APPROVED

☐ NOT APPROVED

Human Resources Approval

Date

☐ APPROVED

☐ NOT APPROVED

Revised October 19, 2026

PAYROLL USE ONLY

Date paid: _____

Budget line: _____

- **Employee's health:** Diagnosis, care, or treatment of a physical or mental health condition, including preventive care.
- **Family member's health:** Diagnosis, care, treatment, or preventive care for a qualifying family member or designated person.
- **Jury duty.**
- **Court appearance as a witness:** To comply with a subpoena or court order. dir.ca.gov
- **Qualifying violence-related needs:** For an employee—or, for employers with 25 or more employees, a family member—such as obtaining medical care, counseling, victim services, protective orders, safety planning, relocation, legal assistance, or necessary care for children or dependent adults.
- **Certain crime-victim court proceedings:** Attendance at qualifying proceedings when the employee or a qualifying family member is a victim. dir.ca.gov

Qualifying family members include a child, parent, spouse, registered domestic partner, grandparent, grandchild, sibling, or designated person.