

310 Nova Albion Way, San Rafael, CA 94903 HR Dept.-(415)492-3531 / Payroll - (415)492-3209|Fax (415)492-3246

Substitute/Hourly Employee Paid Sick Leave Request Form

Employee Name:	
Date Submitted:	Assignment Number:
Date(s):	
Number of Hours/Days Requested:	Reason for Absence:

- *The District will front-load the full amount of leave entitlement (24 hours) for each employee once they reach the 30 day of employment minimum. Therefore, in accordance with AB 1522, unused sick leave hours will not carryover from year to year.*
- *Employees are eligible to request paid sick leave after the 90th calendar day following the first day of employment and only if they have work at least 30 days.*
- *Sick leave can be used for your own illness and family illness. "Family member" is defined to include children, parents, grandparents, grandchildren, siblings, spouse and registered domestic partner.*
- *If you separate from employment and then are rehired within one year, previously accrued/unused paid sick hours will be restored.*

Note: Substitute and/or hourly employees who are no longer employed by SRCS for any reason will not receive pay for any balance of unused Sick Leave.

Employees are prohibited by law from being in paid status by more than one local educational agency for the same day. Your request for paid sick leave must include your certification that you did not work for any other Lea during the dates and hours listed above. Any violation may be reported to the California Commission on Teacher Credentialing (CTC).

Employee Signature: _____

Date: _____

Verified by HR Dept.: _____

Date: _____

Approved by Asst. Supt, HR Dept.: _____

Date: _____

of Hours or Days Paid _____ @ Pay Rate \$ _____ = \$ _____
Budget Code: _____
Payroll Processed by: _____ Date of Payroll Posted: _____