



Substitute/Coach Notice for Use of Paid Sick Leave

Please fill out and return this form to the Business Office by the 5th Business Day of the following month.

Name:	Phone Number:	Date:
Name of employee you were scheduled to sub for?	Location:	Assignment Date:
_____	_____	_____

Reason for Paid Sick Leave Use	Foreseeable or Unforeseeable?	Action
To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health related reason.	Unforeseeable	Please complete this form upon your return from using paid sick leave.
To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health related reason.	Foreseeable	Please complete this form as soon as possible before using paid sick leave for such reason.
To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.	Unforeseeable	Please complete this form upon your return from using paid sick leave.
To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.	Foreseeable	Please complete this form as soon as possible before using paid sick leave for such reason.

*Attach documentation if paid sick leave is used for more than three (3) consecutive days. If you are unable to provide the requested documentation because it would result in an unreasonable burden or expense to you, please contact Human Resources within ten (10) calendar days of the first day you used paid sick leave to explain why and the District will work with the employee to arrange for alternative documentation if necessary.

I am providing notification of my use of paid sick leave for the following date(s) and time(s):

Date	Certificated Sub	Classified Sub/Coach	Start Time	End Time	Total Hours
	<input type="checkbox"/> Full <input type="checkbox"/> Half-Day	Number of Hrs _____	_____ am/pm	_____ am/pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Half-Day	Number of Hrs _____	_____ am/pm	_____ am/pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Half-Day	Number of Hrs _____	_____ am/pm	_____ am/pm	

Signature _____

Date _____

To Be Completed by Payroll

Date Received by Payroll:	Hire Date:
Paid Sick Leave Hours Used:	
Pay Issue Amount:	Pay Date:
Add S2PY5 in Pay Record: <input type="checkbox"/>	Record in Time Off <input type="checkbox"/>