Substitute 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:** |

**Usage:**

Eligible **certificated substitute** employees scheduled to work twenty-one (21) consecutive days in the same assignment are entitled to use accrued paid sick leave beginning on the 90th calendar day after the start of their employment.

**Subbed for:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assignment Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Eligible **classified substitute** employees scheduled to work thirty (30) consecutive days in the same assignment are entitles to use accrued paid sick leave beginning on the 90th calendar day after the start of their employment.

**Subbed for:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assignment Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 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.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Certificated Sub | Classified Sub | Start Time | End Time | Total Hours |
|  | □Full □ Half- Day | No./Hours\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_am/pm | \_\_\_\_\_\_\_\_am/pm |  |
|  | □Full □ Half- Day | No./Hours\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_am/pm | \_\_\_\_\_\_\_\_am/pm |  |
|  | □Full □ Half- Day | No./Hours\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_am/pm | \_\_\_\_\_\_\_\_am/pm |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**To be completed by Payroll**

|  |  |
| --- | --- |
| **Date Received by Payroll:** | **Hire Date:** |
| **Paid Sick Leave Hours Used:** | **Remaining Balance:** |
| **Pay Issue Amount: $** | **Pay Date:** |
| **Add S2PY5 in Pay Record □**  | **Record in Time Off □** |