

# Employee Notice for Use of Accrued paid Sick Leave (Leave Request Form)

Minimum of 24 hour notice prior to the start of your shift/job is required to use your accrued sick leave, unless special permission granted through payroll department.

Name: \_\_\_\_\_

Cert

Class

Food Service

Transportation

Custodian

Para Professional

Teacher Sub

Pool

Coach

Date and Time Job was accepted \_\_\_\_\_ at \_\_\_\_:\_\_\_\_  
(Job accepted must be 24 hours in advance)

Shift/Job start date and time \_\_\_\_\_ at \_\_\_\_:\_\_\_\_

Notification of absence, Date and Time \_\_\_\_\_ at \_\_\_\_:\_\_\_\_ (when was shift cancelled)

Scheduled to substitute for: \_\_\_\_\_

I do \_\_\_\_ do not \_\_\_\_ want sick pay (check one), hours requested \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

Pay to: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 0070

For Payroll Use:

Verify hours in SOL are verified correctly

Time sheet submitted/approved

Current available sick leave hours before entry \_\_\_\_\_