

# Substitute Leave Request Form

Substitute Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Please circle one:    Certificated                      Classified

Date(s) of Leave: \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

**Substitute Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Sub Caller \_\_\_\_\_ Request Received: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Site Scheduled to work: \_\_\_\_\_ Job Scheduled to work: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_ Hours Scheduled to work: \_\_\_\_\_

Sub Caller Signature \_\_\_\_\_

Substitute Hire Date \_\_\_\_\_ Denied/Approved \_\_\_\_\_

Payroll (Liz Ramirez-Certificated or Jessica Valdez-Classified) Request Received: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Adjusted Leave Hours in Everest: \_\_\_\_\_ Processed for Pay: \_\_\_\_\_

Signature \_\_\_\_\_

Funding number

This is the form you will use to be paid for sick leave, if you have time available. Please fill out the top portion and turn in to Linda Martinez at the Educational Support Center. She will process and you will be paid on the next available payroll, if you have time available. If you have questions please call Linda at 559-305-7005.

For more forms please visit [www.kcusd.com](http://www.kcusd.com) and click on Departments, then Business Office, then Substitute Information. The forms will be there along with any information relating to sick leave use. Please contact Cassandra Cook at 559 306-7032 for additional information or questions on available leave