



Substitute / Short Term Employee Absence Request Form

Instructions: Complete all sections. An incomplete form could result in the request being delayed. **Print legibly.**

Absence Request Form

Section 1 – Employee Information

Employee Name:	
Employee ID #:	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified
Job Title:	<input type="checkbox"/> Substitute <input type="checkbox"/> Short Term Employee
Site Assigned:	AESOP Job #(if applicable):

Section 2 – Absence Information

Reason	Date(s)	Start Time	End Time	Hours
Sick Leave- Employee:				
Sick Leave- Family:				
Other:				
Employee Signature:			Date:	

Section 3 – Authorization

Supervisor Signature:	Date:
Payroll Signature:	Date:

*A supervisor’s signature is required for partial day or partial assignments

Guidelines and Provisions

- In order to process your paid sick leave request, you must **submit this form to payroll** and indicate request your sick leave on your payroll timesheet
- Your sick leave is accrued at the rate of one (1) hour per every 30 hours worked. You may use up to 24 hours or three (3) days of sick leave per year
- You may take paid sick leave for you, a family member for preventative care, care of an existing health condition; or for specified purposes if you are a victim of domestic violence, sexual assault, or stalking. Family members include your parent, child, spouse, registered domestic partner, grandparent, grandchild, and sibling. Preventive care would include annual physicals or flu shots
- For partial days, you may be required to take at least two (2) hours of leave
- If your need is foreseeable you must give reasonable advance notice to the District. If your need is unforeseeable you will need to give notice to the district as soon as reasonable