



# WESTMINSTER SCHOOL DISTRICT

HEALTHY WORKPLACES, HEALTHY FAMILIES ACT OF 2014

## REQUEST FOR PAID SICK LEAVE

The District limits the use of paid sick days to 24 hours or 3 days in each year of employment. **Paid sick leave can be utilized only on days on which the District has offered the day-to-day substitute a job assignment, and the substitute orally declines the request to fill the assignment or accepts and cancels the assignment on AESOP. The reason for declining/rejecting the assignment shall meet one of the usage reasons provided by the Healthy Workplaces/Healthy Families Act of 2014.** Please submit this form to utilize accrued paid sick leave. If the need for paid sick leave is foreseeable, the substitute shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the substitute shall provide notice of the need for the leave as soon as practicable.

Employee Name and Address: (Please stay within the borders of the box)	
--	--

Phone Number:	
---------------	--

Date(s) on which District offered assignment and employee requests use of paid sick leave:	
--	--

AESOP Confirmation Number (if applicable):
--

<input type="checkbox"/> By checking this box, I certify that the reason for this request meets the usage reasons provided by the Healthy Workplaces/Healthy Families Act of 2014 specified on page 2 of this document.
---

Date Form Submitted:	
----------------------	--

Employee Signature:	
---------------------	--

***Please submit completed form to your timekeeper:***

- District Attendance Technician, Employees who use the AESOP system to report absences*
- Nutrition Services Supervisor*
- Extended School Program Supervisor*
- Early Education Program Supervisor*
- Transportation Services Supervisor*
- Administrative Assistant Maintenance and Operations*
- School Office Managers, Noontime Supervisors*

<b>For District Use Only:</b>		
<b>Completed by timekeeper:</b>  _____ (name)	Employment offered on: _____ (date/s)	<input type="checkbox"/> Yes <input type="checkbox"/> No      # of hours offered: _____  Employee Offered to sub for: _____ at _____ <span style="display: block; text-align: center;">(name) <span style="margin-left: 100px;">(site/dept.)</span></span>
<b>Completed by Payroll:</b>	Date submitted to Payroll: _____	Submitted by: _____
Leave balance verified: <input type="checkbox"/> Yes    # of hours paid _____ on _____    Remaining Balance after posting in T & A: _____ <span style="display: block; text-align: center;">(date)</span>		

Copy to:      Employee      Payroll



# WESTMINSTER SCHOOL DISTRICT

HEALTHY WORKPLACES, HEALTHY FAMILIES ACT OF 2014

## REQUEST FOR PAID SICK LEAVE

---

### HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014

### PAID SICK LEAVE

**Entitlement:**

Each employee who works in California for the same employer for 30 or more days within a year from the beginning of employment is entitled to paid sick leave. Paid sick leave accrues at a rate of 1 hour per each 30 hours worked until the employee has reached a maximum of 24 hours. Accrual shall begin on the first day of employment.

**Usage:** An employee may use accrued paid sick days beginning on the 90th day of employment. The District will provide paid sick days upon the oral or written request of an employee for the following reasons:

- Diagnosis, care or treatment of an existing health condition or preventive care for self or family member,<sup>1</sup> or
- Employee is a victim of domestic violence, sexual assault, or stalking.

The District limits the use of paid sick days to 24 hours in each year of employment. **Paid sick leave can be utilized only on days on which the District has offered the day-to-day substitute a job assignment, and the substitute declines the assignment for one of the above-stated reasons. An employee claiming paid sick leave shall only be paid for the number of hours the job assignment was offered and declined.** Please submit a **REQUEST FOR PAID SICK LEAVE FORM** to utilize accrued paid sick leave. If the need for paid sick leave is foreseeable, the substitute shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the substitute shall provide notice of the need for the leave as soon as practicable. The attached form can be used to provide notice in advance, following an oral request in order to process payment. Oral requests for paid sick leave should be directed your timekeeper. An employee may not be terminated or retaliated against for using or requesting the use of accrued paid sick leave, and has a right to file a complaint against an employer who retaliates.

---

<sup>1</sup> "Family member" is defined as (1) a child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status; (2) a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child; (3) a spouse; (4) a registered domestic partner; (5) a grandparent; (6) a grandchild; or (7) a sibling. (Labor Code section 245.5 (c))