

**NEW HAVEN UNIFIED SCHOOL DISTRICT**  
**HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014 – AB 1522**  
**PERSONAL NECESSITY/PAID SICK LEAVE FORM**  
**SUBSTITUTE PERSONNEL**

To earn this day of paid sick leave, you must have accepted an assignment in AESOP and then cancel it.

**\*\*SUBMIT THIS FORM TO PERSONNEL\*\***

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

EMP ID # \_\_\_\_\_

CLASSIFIED

CERTIFICATED

I hereby submit a statement of my absence from duty on \_\_\_\_\_ for \_\_\_\_\_ hours

SUBSTITUTE FOR: NAME \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

SITE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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FOR PERSONNEL USE ONLY

Approval Recommended (Deduct from authorized leave, if available)

Approval Not Recommended

Rate of Pay: \_\_\_\_\_

\_\_\_\_\_  
Personnel Administrator

Budget Code: \_\_\_\_\_