



PART-TIME/SUBSTITUTE EMPLOYEE

REQUEST FOR PAID SICK LEAVE

Employee Name: (legal name)		Position:	
Date of Birth:		Phone Number:	

The Whittier Union High School District limits the use of accrued 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 reasons stated below.** Please submit this form to utilize accrued paid sick leave. If the need for paid sick leave is foreseeable, the individual shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the individual shall provide notice of the need for the leave as soon as possible.

Date on which District offered assignment and employee requests use of paid sick leave:	
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Reason for Request:	<input type="checkbox"/> Diagnosis, care or treatment of an existing health condition or preventive care for self or family member
	<input type="checkbox"/> Employee is a victim of domestic violence, sexual assault, or stalking.

Date Submitted:	
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Signature:	
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Please submit completed form to Personnel Services at Whittier Union High School District Office

For Payroll/Personnel Use Only:	
Employment offered on date requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave balance verified:	<input type="checkbox"/>
Comments:	
Verified by:	