

# Substitute Leave Request Form

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

Please circle one:     Certified                       Classified

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

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

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

## OFFICE USE ONLY

Sub Caller (Linda Martinez)    Request Received: \_\_\_\_\_    Date Verified: \_\_\_\_\_

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

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

Attendance / Payroll (Joanne Willems)    Request Received: \_\_\_\_\_    Pay Rate: \_\_\_\_\_

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

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 District Office. 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. If you have questions on available leave or how it works please call Joanne Willems at 559-305-7032

Thank you.