



Dedicated To Quality Education



Gridley Unified School District Substitute Paid Sick Leave Request

Please print the information requested below clearly and fully:

Full Name: _____ **Employee ID #:** _____

Date of absence: _____ **Frontline Absence Confirmation #:** _____

Confirmed assignment date(s): _____ **Assignment shift hours:** _____

Classification of assignment: _____ **Site:** _____

I am requesting to use _____ hours for the above shift I was called in for.

Please note the information below:

- Sick leave will be granted per the "Healthy Workplaces, Healthy Families Act of 2014". You will accrue one hour of paid sick leave for every 30 hours worked. To qualify, substitutes must work for Gridley USD for at least 30 days within a year in California and complete a 90-day employment period before taking any paid sick leave.
- Sick leave can be used for the following reasons:
 - Recover from physical/mental illness or injury or to seek medical diagnosis, treatment, or preventative care.
 - To care for a family member. "Family member" is defined to include children, parents, grandparents, grandchildren, siblings, spouse, and registered domestic partner.
 - To get treatment or help as a victim of domestic violence, sexual assault, or stalking.
- If you separate from employment and are rehired within one year, previously accrued and unused paid sick days will be restored.
- Oral requests are acceptable if foreseeable. However, you must complete a Substitute Paid Sick Leave Request form upon return within the pay period you are requesting the sick leave usage. You must provide "reasonable advance notification" by completing the Substitute Paid Sick Leave Request form for foreseeable sick leave requests.
- Substitutes/employees who leave (terminate employment) do not receive pay for unused Paid Sick Leave. Sick leave accrued under the above noted Act is not eligible for transfer.
- Substitutes/employees may roll over up to 48 hours of accrued, unused sick leave. However, usage of sick leave hours will be limited up to 40 hours or five (5) days per school year per individual.

Employee Signature

Date

Please complete and submit form to the District Office.

Office use only:

Eligible to use Sick Leave: Yes _____, approved to use _____ hours. No, denied due to _____.

Leave balance _____ Hours used _____ Hours remaining _____ Used in current school year _____

Leave Processing

Date

Payroll Processing

Date