

Calaveras Unified School District
3304 Highway 12
PO Box 788
San Andreas, CA 95249
209-754-2300

SUBSTITUTE SICK LEAVE REQUEST

This form is to be completed by SUBSTITUTE and/or INTERMITTENT employees ONLY when requesting to utilize sick leave accrued under AB1522 (Sick Leave for All). Employees should sign the form and provide to the Personnel Office for approval along with their time card (the due dates are the same). Personnel will approve and forward to the PAYROLL department for processing.

Substitute Name _____
(please print)

Employee ID# _____

TO BE COMPLETED BY SUBSTITUTE				PAYROLL USE ONLY		
Date Scheduled to Work	Employee/Site Scheduled to substitute for	Hours scheduled to work	Accrued Sick Leave Hours Requested	Accrued Sick Leave Hours Available	Rate Paid	Total Amount Paid

Substitute Signature: _____

Date: _____

Personnel Signature: _____

Date: _____

Payroll Use Only

Date Received: _____

Absence ID: SICKLV

Date Paid & Accrued Leave Adjusted: _____