

**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT  
PAID SICK LEAVE REQUEST (SUBSTITUTE STAFF)**

Instructions: List all paid sick leave requests in hours. Minimum usage must be 2.0 hours per day. Sign and submit this form to the HR department for approval. A maximum of 40.00 hours may be used per fiscal year. Employees must work at least 30 straight working days as of July 2015 to be eligible for Paid Sick Leave (AB 1522)

<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DISTRICT EMPLOYEE ID</b>	<b>JOB TITLE</b>
		<b>CERTIFICATED SUBSTITUTE</b>

**MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

DAY	1	2	3	4	5	6	7	8	9	10	11	12
HOURS												
DAY	13	14	15	16	17	18	19	20	21	22	23	24
HOURS												
DAY	25	26	27	28	29	30	31					
HOURS								<b>TOTAL HOURS:</b> _____				

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>HR USE</b>	Day to Day	Declined/Cancelled Job
<b>ONLY:</b>	Long-term Assignment:	

PAYROLL USE ONLY:					
ALL HOURS PAID:	YES		NO	IF NO, REASON:	Not Eligible
COMMENTS:					Max Hours Paid
					Partial Hours Paid

Balance: \_\_\_\_\_ Date: \_\_\_\_\_

HR Sub Tech: \_\_\_\_\_

**Admin Signature**

**Date**