

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 form to the HR department for approval. A maximum of 24.0 hours may be used per fiscal year. Employees must work at least 30 working days as of July 2015 to be eligible for Paid Sick leave.

LAST NAME, FIRST NAME, INITIAL	DISTRICT EMPLOYEE ID	JOB TITLE
		CLASSIFIED SUBSTITUTES

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								TOTAL HOURS: _____				

EMPLOYEE SIGNATURE: _____

DATE: _____

HR USE	Day to Day: _____ Declined/Cancelled Job
ONLY:	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
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