

**CAPISTRANO UNIFIED SCHOOL DISTRICT**  
**HEALTHY WORKPLACES, HEALTHY FAMILIES ACT OF 2014**  
**SUBSTITUTE TEACHER REQUEST FOR PAID SICK LEAVE**

Employee Name:	
Employee ID:	
Phone Number	
<p>The District limits the use of paid sick days to 24 hours or three days in each year of employment. <b><u>Paid sick leave can be utilized only on days on which the District has offered the day-to-day substitute a job assignment, and the substitute declines the assignment for legitimate reasons. (see below)</u></b></p> <p>Please submit this form to utilize accrued paid sick leave. If the need for paid sick leave is foreseeable, the substitute shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the substitute shall provide notice of the need for the leave as soon as practicable.</p>	
Date on which District offered assignment and employee requests use of paid sick leave:	
Job Number:	School site:
Reason for Request:	<input type="checkbox"/> Diagnosis, care or treatment of an existing health condition or preventive care for self or family member
	<input type="checkbox"/> Employee is a victim of domestic violence, sexual assault, or stalking.
Date Submitted:	
Signature:	

*Please submit completed form to Personnel at Capistrano Unified District Offices*

<b>For District Use Only:</b>	
Employment offered on date requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave balance verified:	<input type="checkbox"/>
Date submitted to payroll:	
Submitted by:	
Total Sick Days:	
Rate of Pay:	\$
Account Code:	____ - ____ - ____ - ____ - ____ - ____ - 000 - 000

Copy to:      Employee      Personnel      Payroll