

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 Payroll Office for approval along with their time card (the due dates are the same).

Substitute Name _____

Employee ID# _____

(please print)

TO BE COMPLETED BY SUBSTITUTE					PAYROLL USE ONLY		
Date Scheduled to Work	Employee/Site Scheduled to substitute for	Confirmation #	Hours Scheduled to work	Accrued 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: _____

updated 6.15.23