Substitute Employee Paid Sick Leave Request Form

HR Use only

Note to Substitute Employees: Please ensure **all** fields are properly completed.

Incomplete forms will result in a denial of pay and be returned to the employee for completion.

- Must be *submitted* to Human Resources no later than the **10th of each month** payable on the next payroll.
- Must be *submitted* **no later than 10 days after date of absence.**
- Only **5 Days** or 40 hours of Sick Leave can be requested per school year.
- You can find your Sub Sick Leave Balance on the bottom of your paystub. On the ESS System.

Employee Name	Employee ID# (Required)
Email Address:	Certificated ☐ Classified ☐
Substitute Position Title (Required; please be specific see below) *:	

Most common examples of Substitute Positions:

Paraeducator all
Custodian
Campus Supervisor
Yard Supervisor
Substitute Teacher, Day to Day (Half 3.75 or Full Day 7.5 only)
Food & Nutrition Services
Clerical

Approved Type of Absences:	Date(s) of Absence(s)*:
Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member. For an employee who is a victim of domestic violence, sexual assault, or stalking, the purposes described in subdivision (c) of Section 230 and subdivision (a) of Section 230.1.	**Certificated Subs** 3.75 hours Half Day ☐ 7.5 hours Full Day ☐ **Classified Subs** How many hours per day. ☐ Number of hours Requested
Signature:	Date:

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☐ 90 Days ☐ SL Accrued ☐ SL available ☐ Entered ☐ Denial Email employee Tech Initials: ____

Earned:_____ Used this school year _____ Available: _____

Updated: 6/9/2026