**FRONT:**

**San Diego City Schools**

**Sick/Personal Business/Personal Necessity Leave**

<table>
<thead>
<tr>
<th>Empl ID:</th>
<th>Name (Last, First):</th>
<th>Location No.:</th>
</tr>
</thead>
</table>

**Absence Dates:**

<table>
<thead>
<tr>
<th>FROM DATE</th>
<th>TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

# of Days | Hours/Day* | Total Hours |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*8 hours/day = Full time assignment

**Type of Leave:**

- [ ] Sick
- [ ] Personal Business Days
  - [ ] Day 1
  - [ ] Day 2

- [ ] Personal Necessity:
  - [ ] Adoption of Child
  - [ ] Act of Nature
  - [ ] Bereavement
  - [ ] Bereavement Extension
  - [ ] Bereavement Other
  - [ ] Court Appearance
  - [ ] Family Illness
  - [ ] Family School Partnership
  - [ ] Religious Holiday
  - [ ] Accident

**PHYSICIAN’S CERTIFICATION:**

Normally required for absences of more than 5 days. May be required for any absence if requested by administrator.

I certify that the above named person was unable to work during the above period.

[Signature]

California License Number

I certify that the information stated on this card is true.

[Signature]

Date

**EMPLOYEE’S SIGNATURE**

Date

**PRINCIPAL’S/DEPARTMENT HEAD’S SIGNATURE**

Date

**BACK:**

The absences reported on this card are charged against the employee’s sick leave bank.

For Sick leave, failure of the employee to obtain the certification of a licensed physician when required shall result in the absence being charged to unpaid leave, and may be grounds for disciplinary action.

In the event that there is a concerted withdrawal of services by employees, it shall be the district’s policy to require a physician’s certification from any employee who is absent on the date of such withdrawal or services, and who applies for sick leave benefits.

Refer to appropriate collective bargaining contracts and district administrative procedures #7130 and #7136 for specific details of available benefits.

Timekeepers: Based on the table below, please report the absences in Time and Labor with the Time Reporting Code that corresponds to the Type of Leave selected on the front of this card.

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>SLF</th>
<th>Adoption of Child</th>
<th>PRN</th>
<th>Accident</th>
<th>PRN</th>
<th>Act of Nature</th>
<th>PRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Necessity</td>
<td>PRN</td>
<td>Religious Holiday</td>
<td>RH</td>
<td>Court Appearance</td>
<td>PRN</td>
<td>Personal Business</td>
<td>PRB</td>
</tr>
<tr>
<td>Family School Partners</td>
<td>PRN</td>
<td>Family Illness</td>
<td>PRN</td>
<td>Extension of Bereavement</td>
<td>PRN</td>
<td>Bereavement - Other</td>
<td>PRN</td>
</tr>
</tbody>
</table>

After reporting this leave into Time and Labor, this card should be filed at the site. Do not send this card to Payroll. Site is responsible for tracking this.