San Diego Unified SCHOOL DISTRICT

Print Form

Sick/Personal Business/Personal Necessity Leave

Empl ID: | | | | | | | Name (Last, First): _____ Location No.: | | | | | |

☐ CERTIFICATED ☐ CLASSIFIED ☐ FOOD SERVICE

Absence Dates:

FROM DATE | TO DATE

# of Days | Hours/Day* | Total Hours

*8 hours/day = Full time assignment

Timekeeper: See Below for Time Reporting Codes to be Used

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

PHYSICIAN'S SIGNATURE CALIFORNIA LICENSE NUMBER

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

EMPLOYEE'S SIGNATURE DATE

APPROVAL SIGNATURE DATE

TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR

Type of Leave:

☐ **Sick** ☐ **Personal Business Days** ☐ Day 1 ☐ Day 2 ☐ Day 3 **SDEA ONLY**

☐ Adoption-Additional Leave **SDEA ONLY**

☐ Paternity-Additional Leave **SDEA ONLY**

☐ **Personal Necessity:**

☐ Family School Partnership ☐ Accident

☐ Adoption of Child ☐ Court Appearance

☐ Act of Nature ☐ Family Illness

☐ Bereavement Extension ☐ Religious Holiday:

☐ Bereavement Other

☐ Other: _____

The absences reported on this card are charged against the employee's sick leave bank.
Day 3 Personal Business, Adoption or Paternity - Additional Leave are for SDEA members and are charged against accumulated sick leave.
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, #7134 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.

Accident	PRN	Bereavement Other	PRN	Half Pay Sick Leave (Classified)	LHS	Personal Necessity	PRN
Act of Nature	PRN	Court Appearance	PRN	Other	PRN	Religious Holiday	RH
Adoption-Additional Leave	SAL	Family Illness	PRN	Paternity-Additional Leave	SPL	Sick Leave	SLF
Adoption of Child	PRN	Family School Partnership	PRN	Personal Business Days	PRB		
Bereavement Extension	PRN	Half Pay Sick Leave (Certificated)	SLH	Personal/Family Responsibility	PRN		

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 maintaining absence forms.