SUBSTITUTE SICK LEAVE REQUEST FORM

Complete the information below and turn in the completed form to any building secretary or program director in the East Valley School District. All forms received by the tenth (10th) of each month will be processed for that month. A doctor’s note may be required for requests to use paid sick leave for more than three (3) consecutive working days.

Name __________________________________________ Date ________________________

Substitute Type  ☐ Certificated  ☐ Classified

Requested Sick Leave Information

Date Leave Requested ___________  Scheduled Position _________________________

Hours Requested ___________  Location __________________________

I-1433 Sick Leave may be requested for any of the following eligible reasons:

A. An absence resulting from an employee’s mental or physical illness, injury or health condition; to accommodate the employee’s need for medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or an employee’s need for preventative medical care.

B. To allow the employee to provide care for a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or care for a family member who needs preventative medical care.

C. When the employee’s place of business has been closed by order of a public health official for any health-related reason, or when an employee’s child’s school or place of care has been closed for such reason.

D. For absences that qualify for leave under the state’s Domestic Violence Leave law (RCW 49.76). The law allows victims of domestic violence, sexual assault, or stalking to take reasonable leave from work to take care of legal or law enforcement needs, seek treatment for physical and mental injuries, obtain services from a shelter or social services program, obtain mental health counseling, participate in safety planning, relocate, or take actions to increase safety from future incidents. Family members of a victim may also take reasonable leave to help the victim seek treatment or obtain help and services if the employee or employee’s family member is a victim of domestic violence, sexual assault, or stalking.

I hereby certify that my request for I-1433 Sick Leave meets one or more of the above listed requirements and certify that the information I have provided on this form is true, complete and correct. I understand that false information, including omissions, shall be sufficient cause to deny my sick leave request.

Employee Signature __________________________________________ Date ________________________

HUMAN RESOURCE DEPARTMENT USE ONLY

☐ I-1433 SICK LEAVE APPROVED  ☐ I-1433 SICK LEAVE DENIED

☐ Confirmation of scheduled assignment(s) on days requested  Total sick leave hours approved ___________

Comments ____________________________________________________________

Name of Representative __________________________________________ Title __________________________________________

Signature of Representative __________________________________________ Date ________________________

PAYROLL DEPARTMENT USE ONLY

_________ Total Hours Approved  X _______ Hourly Rate  =  $ _________ Total Sick I-1433 Sick Leave to be paid

Budget Code ______________________ Pay Date ________________________

East Valley School District  Revised August 16, 2018
cc. Payroll File