

CHULA VISTA ELEMENTARY SCHOOL DISTRICT

PAID SICK LEAVE REQUEST NON-CONTRACT EMPLOYEES- NOON DUTY AND SHORT TERM AT WILL							MONTH	YEAR	LOCATION				
LAST NAME, FIRST NAME & INITIAL							DISTRICT EMPLOYEE ID		JOB TITLE				
DAY	1	2	3	4	5	6	7	8	9	10	11	12	
HOURS													
DAY	13	14	15	16	17	18	19	20	21	22	23	24	
HOURS													
DAY	25	26	27	28	29	30	31						
HOURS													
Budget Organization							PAYROLL USE ONLY						
FD	RESOURCE	S-RES	YR	GOAL	FUNCTION	LOC	ACCOUNT	%	TIME	RATE	GROSS		
PAYROLL USE ONLY:							ALL HOURS PAID:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON:	<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MAX HOURS USED	<input type="checkbox"/> PARTIAL HOURS PAID
EMPLOYEE SIGNATURE							DEPT. APPROVAL						
DATE SUBMITTED							PAYROLL DATE		PROCESSED BY				

Instructions:

- List all Paid Sick Leave requests in hours. Minimum usage must be 2.0 hours per day.
- Sign and submit form to department for approval.
- A maximum of 24.0 hours can be used per Fiscal Year.
- Employees must work at least 30 working days as of July 1, 2015 to be eligible for Paid Sick Leave.

Send approved form to Payroll Department. A copy will be returned to you.