



# RIALTO UNIFIED SCHOOL DISTRICT

## Sick Leave Request – Non Contracted Employees (AB 1522)

**Certificated**                       **Classified**

Employee Name: \_\_\_\_\_ EIN#/SSN# \_\_\_\_\_  
(last 4 digits)

Scheduled work date(s) requested: \_\_\_\_\_

AESOP Confirmation # of scheduled date(s) to work: \_\_\_\_\_

Work site you were scheduled to work on above date(s): \_\_\_\_\_

Number of hours scheduled to work on requested date(s): \_\_\_\_\_  
 (Paid sick leave must be taken in two-hour increments)

*A temporary or substitute employee may use accrued sick leave for absences due to: for the diagnosis, care or treatment of an existing health condition of, or preventative care for, the employee or his/her family member as defined in Labor Code 245.5*

**PLEASE CHECK THE FAMILY MEMBER**

Self	Sick Leave
Parent	Biological, adoptive, foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child
Partner	Registered domestic partner
Grandchild	
Child	Biological, adopted, or foster child, stepchild, legal ward, or a child to the whom the employee stood in loco parentis, regardless of age or dependency
Spouse	Current spouse; not an ex-spouse
Grand-parent	
Sibling	

I have read and understand the accrual and usage provisions under the Paid Sick Leave Guidelines in Administrative Regulations 4121. I also understand that this form must be turned in to Personnel Services within five days of the leave date(s) and the failure to do so will cause delay in payment. In order for the requested paid leave to be included on the next following pay date (on the 9<sup>th</sup> of the following month), I must submit my request within the requested leave date(s) pay-period deadline. Furthermore, I understand that if the assignment hours for the requested leave are greater than my accrued leave, I will be paid only the accrued time available/accumulated up to the prior month's pay period. I HEREBY CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT AND I ACKNOWLEDGE MY RESPONSIBILITY IN FOLLOWING THE TIMELINES OF THE REQUEST.

\_\_\_\_\_  
 Employee Signature                      Date

**ADMINISTRATOR APPROVAL**

**Approved**                       **Denied**                       **After the Fact**

\_\_\_\_\_  
 Approver Signature                      Date

**THIS FORM MUST BE TURNED IN TO PERSONNEL SERVICES WITHIN 5 DAYS OF ABSENCE**