

Employee ID:

Name (Last, First): _____
Please Print

Type of Leave: Sick Leave

I certify that I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. I certify that the information stated on this form is true. I further acknowledge that sick leave used for day to day assignments is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. Long term assignment sick leave use is in accordance with the SDEA Collective Bargaining Agreement and with District Administrative Procedure.

Absence Dates:

From Date:

To Date:

of Days

Hours/Day

Total Hours

Assignment Offered (Job Title)

Location

Dates of Assignment

Timekeeper Signature

Date Entered in Time and Labor

Approval Signature

TRC	Description	
SLPSY	Certificated Visiting Psychologist	5508 00019 00 1262 16 00 01 0000
SLSLP	Certificated Visiting Speech Language Pathologist	5508 00019 00 1262 16 00 01 0000

Employee Instructions:

- Submit **completed** form to:
Related Services - Wiggin Annex, Rm. B-8
4350 Mt. Everest Blvd., San Diego, CA 92117
ATTN: Leigha Cook
- You may also submit a signed copy of form via:
FAX at (858) 573-5981 or
Email a scanned copy to lcook2@sandi.net