CHULA VISTA ELEMENTARY SCHOOL DISTRICT

PAID SICK LEAVE REQUEST NON-CONTRACT EMPLOYEES- SUBSTITUTE BUS DRIVERS						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:**	☐ YES	☐ NO	**REASON:**	☐ **NOT ELIGIBLE**	☐ **MAX HOURS USED**	☐ **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 Transportation 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.