



WESTERN PLACER UNIFIED SCHOOL DISTRICT

600 Sixth Street, Suite 400, Lincoln CA 95648
Ph: 916-645-6350

Board of Trustees:

Paul Long
Brian Haley
Paul Carras
Kris Wyatt
Damian Armitage

Superintendent: Scott Leaman

Healthy Workplace, Healthy Families Act: Absence Request Form

**Please note: You need to complete and turn in this absence request slip to the Personnel Department before the 15th of the month.*

Employee Name (first and last)

Phone Number

Job Title/School Site + Employee Subbing For

Total Number of Hours/Days Requested

Classified (minimum of 2 hours sick leave can be used at a time)

Certificated (sick leave must be taken in full or half day increments)

Date of Absence: _____

Number of Hours Requested: _____

(maximum of 24 hours of paid sick leave can be taken in a year)

I certify that I did not work for another employer during this time. _____ (Initials)

Consistent with the Healthy Workplace/Families Act, I am requesting sick leave for my absence for the following reason:

Diagnosis, care, or treatment of an existing health condition/preventative care for an employee or an employee's family member

To obtain or seek relief or medical attention specified in Labor Code 230(c) and 230.1

(a) for the health, safety, or welfare of the employee, or his/her child, when the employee has been a victim of domestic violence, sexual assault, or stalking

Employee Signature

Date

***No employee shall be denied the right to use accrued sick days or hours and the district shall not in any manner discriminate or retaliate against any employee for using or attempting to use sick leave, filing a complaint with the Labor Commissioner, or alleging district violation of Labor Code 245-249. The Superintendent or designee shall provide notice to eligible employees of their sick leave rights, keep records of employees' use of sick leave for three years, and comply with other requirements specified in Labor Code 245-249.**

Requestor Eligible

Processed by _____

Remaining Balance _____

Hours to be Paid _____

Rate to be Paid _____

Total Paid _____

Authorizing Signature