 Auburn School District #408

**PAID SICK LEAVE REQUEST FORM**

***INITIATIVE 1433***

Employees are responsible for completing this form to request leave to be charged/deducted from their balance and to receive the corresponding amount of pay in the pay period the time off occurs. **Once the form is completed send it to the payroll department. This form may be submitted through inner-district mail from any work site.**

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

SICK LEAVE BALANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Located: <http://www.auburn.wednet.edu/>, For Staff, Skyward Web Access)

Log In to Employee Access, Time off, My Status)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CLASSIFIED EMPLOYEES** | | **PAYROLL USE ONLY** |  | **CERTIFICATED EMPLOYEES** | | **PAYROLL USE ONLY** |
| **DATES OF ABSENCE** | **# OF SICK LEAVE HOURS TAKEN** | **ASSIGNMENT PAY RATE** |  | **DATES OF ABSENCE** | **# OF SICK LEAVE HOURS TAKEN (Circle half 3.5 or whole day 7.0)** | **ASSIGNMENT PAY RATE** |
|  |  |  |  |  | **3.5 or 7.0** |  |
|  |  |  |  |  | **3.5 or 7.0** |  |
|  |  |  |  |  | **3.5 or 7.0** |  |
|  |  |  |  |  | **3.5 or 7.0** |  |
|  |  |  |  |  | **3.5 or 7.0** |  |
|  |  |  |  |  | **3.5 or 7.0** |  |
| **TOTAL # OF HOURS** |  |  |  | **TOTAL # OF HOURS** |  |  |

**My signature below certifies that this leave conforms to the terms and conditions of Board Policy 5401.**

**Signature of Employee** **Date**

