



SHASTA COUNTY OFFICE OF EDUCATION

**Request for payment of Sick Leave
Healthy Workplaces/Healthy Families Act of 2014**

I _____, do hereby state that my absence on
_____ for _____ hours (not less than 2 hour increments) is eligible
(Date) (Hours)
for payment based on one of the following reasons:

Preventive care or care of an existing health condition or for specified purposes if you are a victim of domestic violence, sexual assault or stalking. Family members are defined as:

- a. Self (illness, domestic violence, sexual assault, or stalking)
- b. Child (biological, adoptive, foster, step, legal ward, or to whom employee stands in loco parentis) regardless of age or dependency status
- c. Parent (biologic based al, adoptive, foster, step, legal guardian, or person who stood in loco parentis when employee was a minor) of the employee or employee’s spouse/registered domestic partner
- d. Spouse or registered domestic partner
- e. Grandparent
- f. Grandchild
- g. Sibling

I understand to be eligible I must be pre-scheduled to work on the date of absence and meet employment criteria specified in policy #4021.

In addition to submission of the request for payment of sick leave form, number of hours must be recorded on time card and coded as sick.

EMPLOYEE SIGNATURE: _____ DATE: _____

.....
This employee was pre-scheduled to work on the date of absence listed above.

VERIFIED BY: _____ JOB# _____ DATE: _____
(If applicable)

SUPERVISOR SIGNATURE: _____ DATE: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____