

**DESERT SANDS UNIFIED SCHOOL DISTRICT**  
**SUBSTITUTE SICK LEAVE PAY REQUEST**

- Certificated  
 Classified

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Date called in: \_\_\_\_\_

Site: \_\_\_\_\_ Position title: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Hour(s) Requested: \_\_\_\_\_

Completed By *(if other than employee)*: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*\*Please refer to the "Healthy Family Act Brochure" on the DSUSD Personnel webpage for more information on sick leave.*

For Payroll Use Only:

Payrate  
\$ \_\_\_\_\_

Prior Leave Balance: \_\_\_\_\_

Hours/Days Used: \_\_\_\_\_

Employee #	Job Code	Adj code	Hours/Days
_____	_____	_____	_____

**Reason Denied**

- Not 30 Days
- Less than 90 days employed
- Hours not available
- Request not submitted within reasonable time
- Reached max of 40 hours