

Desert Sands Unified School District

**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

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For Payroll Use Only:

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

**Reason Denied**

Not 30 Days

Less than 90 days employed

Hours not available

Reached Max of 24 hours

Request not submitted  
within reasonable time

Employee #      Job Code      Adj code      Hours