

TODAY'S DATE: \_\_\_\_\_ LAST 4 OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE(S) ABSENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ABSENT FROM WORK LOCATION: \_\_\_\_\_

BRIEF DESCRIPTION OF WORK THAT WOULD HAVE BEEN PERFORMED ON DATE(S) OF ABSENCE: \_\_\_\_\_

TOTAL SICK HOURS USED\*: \_\_\_\_\_

**\*Minimum of one full day from position scheduled to work at the time of absence**

<b>Sick Leave</b>
<p>24 Hour Maximum Per Fiscal Year            Balance will not roll forward from year to year            There will not be any compensation for any unused balance            Must be scheduled in advance to report to work on the day the use of sick leave is requested.            Absence form must be completed and returned to payroll department within 30 days from absence date to be paid.</p> <p>Sick Leave Must Be Used for One of the Following Absence Reasons:</p> <p><input type="checkbox"/> -Diagnosis, care, or treatment of a health condition of, or preventive care for, the employee or a family member</p> <p><input type="checkbox"/> -For an employee who is a victim of domestic violence, sexual assault, or stalking to take time off from work to obtain or attempt to obtain any relief, including, but not limited to, a temporary restraining order, restraining order, or other injunctive relief pertaining to domestic violence or sexual assault</p> <p>Family member is defined as:</p> <p>~ a biological, adopted, foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis, regardless of age or dependency status</p> <p>~A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parents when the employee was a minor child</p> <p>~ a spouse or registered domestic partner</p> <p>~ a grandparent or grandchild</p> <p>~ a sibling</p>

**AFFIDAVIT**

I have truthfully completed this form and have taken (or will take) the absence or leave within the limitations.

\_\_\_\_\_  
Date Employee's Signature

**Upon Completion Mail or Inter-District to:**

Shasta Union High School District  
Attn: Payroll Department  
2200 Eureka Way, Suite B  
Redding, CA 96001

Shasta Union High School District shall:

1. not deny any individual the right to use accrued sick leave.
2. not discriminate or retaliate against any employee for using or attempting to use sick leave.
3. pay an individual no later than the payday for the next regular payroll period after receipt of this form.