



Lowell Joint School District  
Fiscal Services Department

## Substitute / Noon Duty Employee Absence Request Form

Instructions: Complete all sections. An incomplete form could result in the request being delayed. **PRINT LEGIBLY.**  
This form must be submitted to the Fiscal Services Department within 48 hours of reported absence.

EMPLOYEE INFORMATION				
<b>Employee Name:</b>				
<b>Substitute Position Offered:</b>		<b>Classified Substitute</b>		
<b>Site Assigned :</b>		<b>Certificated Substitute</b>		
		<b>Noon Duty Aide</b>		
ABSENCE INFORMATION				
<b>Reason:</b>	<b>DATE</b>	<b>START TIME</b>	<b>END TIME</b>	<b>TOTAL HOURS</b>
<b>Sick Leave</b>				
<b>* Family Leave:</b>				
	*Please indicate family member relationship _____			
<b>EMPLOYEE'S SIGNATURE:</b>				<b>DATE:</b>
<b>GUIDELINES AND PROVISIONS</b>				
<b>IF THE CRITERIA BELOW IS MET, SICK/FAMILY LEAVE PAY WILL BE ISSUED ON THE NEXT AVAILABLE PAYROLL CYCLE.</b>				
<ul style="list-style-type: none"> <li>• In order to process your paid sick leave request, you must submit this form to the Fiscal Services Department.</li> <li>• In order to use accrued paid sick leave, you must have a sick leave balance available.</li> <li>• Your sick leave is accrued at the rate of one (1) hour per every 30 hours worked. You may use up to 24 hours or three (3) days of sick leave per year.</li> <li>• In order to use accrued paid sick leave, you must have worked 30 or more days within a year from the commencement of employment and completed 90 days of employment.</li> <li>• You may take paid sick leave for you or a family member for preventative 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 include parents, grandparents, child(ren), spouse, son or daughter-in-law, siblings, aunt or uncle or any relative who has been living in the immediate household of the employee. Preventive care would include annual physicals or flu shots.</li> </ul>				
If you have any questions please contact the appropriate number below: Classified Substitutes/Noon Duty Aides: (562) 902-4285                      Certificated Substitutes: (562) 902-4203				
FISCAL SERVICES OFFICE USE ONLY				
<b>Sick Leave Hours Available per Payroll Card:</b>		<b>As of date:</b>		<b>Hours Approved for Absence:</b>
<b>Posted by/Date:</b>				
<b>EARS Verified:</b>		<b>Date:</b>		<b>Initials:</b>