

Roseville City School District  
**Healthy Workplace/Healthy Families Act**  
**Absence Form**

*Submit completed form to the Substitute Services Coordinator by the 25th of the month*

Substitute Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 (see paystub - box next to name)

Phone #: \_\_\_\_\_

Pay Period	09/01/2015	through	09/30/2015
EMPLOYEE NAME		EMPLOYEE ID	

**Date of Absence:** \_\_\_\_\_

**Number of hours of sick leave requested to be used:** \_\_\_\_\_  
*\*maximum of 24 hours of paid sick leave can be taken in a year.*

**Sick Leave available:** \_\_\_\_\_  
*You can find this at the bottom of your latest paystub*

Consistent with the Healthy Workplace/Families Act, I am requesting sick leave for my absence for one of the following reasons:

- ❖ Diagnosis, care, or treatment of an existing health condition/preventative care for an employee or an employee's family member
- ❖ To obtain or seek relief or medical attention specified in Labor Code 230(c) and 230.1(a) for health, safety, or welfare of the employee or his/her child, when the employee has been a victim of domestic violence, sexual assault, or stalking

X \_\_\_\_\_  
 Signature of Requesting Substitute

\_\_\_\_\_  
 Date

*Usage: An employee may use accrued paid sick days beginning on the ninetieth (90th) day of employment. An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking. Employees are limited to the use of twenty four (24) hours or three (3) days of paid sick leave in each year of employment. Employees must use a minimum of two (2) hours of sick leave at a time.*

For more information please see the Healthy Workplaces/Healthy Families Act of 2014 policy on our website.

District Office use:	
Substitute Services:	_____
Payroll:	_____
Date:	_____