

# SEQUIM SCHOOL DISTRICT #323

## PAID SICK LEAVE REQUEST FORM *INITIATIVE 1433*

Employees are responsible for completing this form to request leave to be charged/deducted from their balance and to receive the corresponding amount of pay in the pay period the time off occurs.

EMPLOYEE NAME: \_\_\_\_\_

SICK LEAVE BALANCE: \_\_\_\_\_  
(Located: [Employee Access](#))

REASON CODES:  
**S** = Self      **SF** = Family      **I** = Injury/Illness (job related)      **O** = Other

| CLASSIFIED EMPLOYEES |                           |                              | PAYROLL USE ONLY    |
|----------------------|---------------------------|------------------------------|---------------------|
| DATES OF ABSENCE     | # OF SICK LEAVE HRS TAKEN | REASON CODES (S, SF, I or O) | ASSIGNMENT PAY RATE |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
|                      |                           |                              |                     |
| TOTAL # HOURS        |                           |                              |                     |

| CERTIFICATED EMPLOYEES |  |                              | PAYROLL USE ONLY    |
|------------------------|--|------------------------------|---------------------|
| DATES OF ABSENCE       | # OF SICK LEAVE HOURS TAKEN (circle one) | REASON CODES (S, SF, I or O) | ASSIGNMENT PAY RATE |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.50                             |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
|                        | 3.75 or 7.5                              |                              |                     |
| TOTAL # HOURS          |  |                              |                     |

My signature below certifies that this leave conforms to the terms and conditions of the collective bargaining agreement and/or District policy 5401 governing my employee group.

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

\_\_\_\_\_  
Date

My signature below certifies that this leave conforms to the terms and conditions of the collective bargaining agreement and/or District policy 5401 governing the employee's group. I certify the employee was scheduled for a specific assignment on the date leave was used.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Rate of Pay for Assignment

\_\_\_\_\_  
Date

|                       |  |               |  |
|-----------------------|--|---------------|--|
| FOR PAYROLL USE ONLY  |  |               |  |
| ACCOUNT CODE:         |  |               |  |
| VERIFY LEAVE BALANCE: |  | DATE ENTERED: |  |