

Healthy Workplace, Healthy Families Act Absence Request

Employee Name	Last 4 Digits of SSN	Date
		_
Job Title	School/Departmen	t Total Hours Requested
Dates of Absence		
Hours per Day		
I certify that I did not work for a	nother employer during this time	(Initials)
Consistent with the Healthy Wor reason: (Check the appropriate b		ck leave for my absence for the following
Diagnosis, care or treatme employee's family membe		preventative care for, an employee or an
	medical attention specified in Labor Comployee, or his/her child, when the emstalking.	
Employee Signature	 Date	_
Please note: that you will need to ending on the 18th (paid on the	o complete and turn in this absence red 10th of the month)	quest slip to Payroll by the pay period
retaliate against any employee for u alleging district violation of Labor Co information, provide notice to eligib three years, and comply with other i	ode 245-249. The Superintendent or designo le employees of their sick leave rights, keep	a complaint with the Labor Commissioner, or ee shall display a poster containing required of records of employees' use of sick leave for 49. Individual Accruals may not exceed 48
☐ The above date(s) of absen	nce are/were regular scheduled work da	ay(s) for this employee.
Supervisor Signature	Date	-
	For Payroll Department Use Onl	У
Processed by	Date	Remaining Balance