



BERKELEY UNIFIED SCHOOL DISTRICT
HEALTHY WORKPLACES, HEALTHY FAMILIES ACT OF 2014

REQUEST FOR PAID SICK LEAVE

for Substitutes and Hourly Employees Not Entitled to Leave per Existing Bargaining Unit Agreements

Employee's Last Name:			Employee's First Name:		
Employee ID#:		Telephone #:		Email address:	
<p>The District limits the use of paid sick days to 24 hours or three days in each year of employment. <u>Paid sick leave can be utilized only on days on which the District has offered the employee a job assignment, and the employee declines the assignment for one of the allowable reasons.</u></p> <p>To access accrued leave the employee must submit this form. If the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable. PERS retired annuitants are not eligible.</p>					
Date on which District offered assignment and employee requests use of paid sick leave:					
Reason for Request:	<input type="checkbox"/> Diagnosis, care or treatment of an existing health condition or preventive care for self or family member <input type="checkbox"/> Employee is a victim of domestic violence, sexual assault, or stalking.				
Signature:					
Date Submitted:					

Please submit completed form to the Human Resources Department.

For Human Resources Department Use Only:					
PERS Retiree	<input type="checkbox"/> Yes (Not eligible)	<input type="checkbox"/> No (Eligible)	Has worked 30 days within fiscal year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave balance verified:	<input type="checkbox"/>		Employment offered on date requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay rate:	Date submitted to payroll:				
Submitted by:					

Copy to: Employee Human Resources Payroll