

Employee ID:

Name (Last, First) Please Print: _____

Type of Leave: Short Term Day to Day Assignment-Sick
Long Term Assignment-Sick

I certify that I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. I certify that the information stated on this form is true. I further acknowledge that sick leave used for day to day assignments is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. Long term assignment sick leave use is in accordance with the SDEA Collective Bargaining Agreement and with District Administrative Procedure.

Absence Dates:

From Date:

To Date:

of Days

Hours/Day

Total Hours

Assignment Offered (Job Title)

Location

Dates of Assignment

Timekeeper Signature

Date Entered in Time and Labor

Approval Signature

TRC	Description	
SLSVT	Substitute Teacher Day to Day	5508 00019 00 1162 01 02 01 0000
SLLVT	Visiting Teacher Long Term	5508 00019 00 1162 01 02 01 0000
SISVS	Visiting Teacher Summer/Intersession	5508 00019 00 1162 01 02 01 0000
SISVL	Visiting Teacher Summer/Intersession Primary Classroom Teacher	5508 00019 00 1162 01 02 01 0000
SLCVS	ECE Substitute Teacher Day to Day	5508 00019 00 1162 01 02 01 0000
SLCVL	ECE Long Term Child Center Visiting Teacher	5508 00019 00 1162 01 02 01 0000
SLCHR	Certificated Hourly Employee	5508 00019 00 1958 07 00 01 0000
SLCVT	Visiting Teacher Core Trained	5508 32100 00 1162 0102 01 0000

Employee Instructions:

- Short Term Sub Assignments-SAMS (Substitute Absence Management System)**

If you declined or cancelled an assignment through the SAS system with the reason 'Illness', please submit completed form to the Human Resources Substitute Management Unit to: Email – sub-illness-reporting@sandi.net

- Long Term Sub Assignments**

If you are currently working in a long term assignment, please submit the completed form to the timekeeper who has been reporting your regular hours worked.