COMMUNITY ED SICK LEAVE FORM

NAME: [   ]   DEPARTMENT: [   ]

G#: [   ]   LAST 4 DIGITS SSN: [   ]   West Valley ☐   Mission ☐   District ☐

Community Ed ☐

Month Absent: [   ]   Year: [   ]

Please indicate the actual hours missed in the boxes below. The minimum you may record is 2 hours per absence. Hours may be recorded in .25-hour increments.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Example				2.25	8.00	(this line for example only, input your hours on the line below)											

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Total

_____   _____   _____   _____
Employee Signature   Date   Supervisor Signature   Date