**PART TIME/HOURLY SICK LEAVE FORM**

NAME: DEPARTMENT:

DATATEL ID #: LAST 4 DIGITS SSN: West Valley Mission District

Student Hourly Community Ed Short Term Hourly

Month Absent: Year:

*Please indicate 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

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Employee Signature Date Supervisor Signature Date

**SICK LEAVE RULES and REGULATIONS**

*The Healthy Workplace, Healthy Families Act of 2014 grants paid sick leave to California's workers, including part-time and temporary workers.*

* Sick leave pay is paid at the same rate as a worker’s regular rate of pay and for scheduled work hours, not less than 2 hours, in .25 hour increments
* Paid sick days are provided for employee’s own condition including the diagnosis, care or treatment of an existing health condition or preventive care, or to care for a family member
* Sick leave can also be used for employee’s treatment or otherwise to get help as a victim of domestic violence, sexual assault or stalking.
* Paid sick days must be approved by an employee’s supervisor
* Sick leave forms are to be turned in to Human Resources by the 10th of each month
* Sick leave forms are available on the District website and through your supervisor
* Timesheets must indicate the # of scheduled hours AND indicate the use of sick leave

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