CERTIFICATED PERSONNEL

JEFFERSON SCHOOL DISTRICT
HEALTHY FAMILIES ACT (HFA) PAID SICK LEAVE REQUEST FORM

* Submit the completed form to the District Office with your timecard to ensure timely payment.
* Payroll will verify the number of hours available to you before processing the request; hours will be granted in half day and full day increments.
* Please remember you are eligible to use accrued sick leave after you have been employed with Jefferson for 90 days.
* Leaves may not exceed 24 hours total in a fiscal year.

	DATE	# OF HOURS	EMPLOYEE YOU'RE COVERING	EXPLANATION FOR REQUEST TO USE SICK HOURS
1				
2				
3				
4				
5				
6				
	TOTAL HOURS			

_____ EMPLOYEE SIGNATURE

_____ DATE

_____ HUMAN RESOURCES APPROVAL

_____ DATE

PAYROLL USE ONLY

TOTAL HOURS _____
PAY RATE _____
TOTAL PAY _____

Hours entered? ___
HFA hours deducted? ___

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XX	XXXX	X	XXXX	XXXX	XXXX	XXX	XXXX	XXXX
FUND	RES	YR	GOAL	FNC	OBJECT	SITE	MGMT	MGMT