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 up to the amount accrued at the time of the request.
* 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.

NAME: _____   **Employee ID** _____

	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? ___

Rev 1-2019

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