MUSD
French Camp Lathrop Manteca Weston Ranch
Manteca Unified School District

SUBSTITUTE SICK LEAVE PAYMENT REQUEST FORM

Print Name: _____ ID# _____

Signature: _____

☐ Certificated 01-0000-0-1110-1000-1105-000-4800

☐ Classified 01-0000-0-0000-8200-2205-000-4800

Date(s) of Sick/Personal Leave: _____

*Number of Hours or Days of Sick/Personal Leave Used (minimum of 2 hours): _____

Mailing Address: _____

*You will be paid for up to three days (24 hours) of sick leave per year if you meet the requirement of working 30 days within the school year. Additional absences or days not worked for any reason will not be paid.

For Personnel Department Use Only

☐ Yes ☐ No Has worked at least 30 days this school year.

☐ Yes ☐ No Will recommend that Payroll Department pay sick/personal leave day(s) or hours.

If "No" Reason _____

_____ Initial Sick Leave/Personal Leave Balance

_____ Sick Leave/Personal Leave Used in this Request

_____ Sick Leave/Personal Leave Balance Remaining

Signature and date of Personnel Staff verifying information and making recommendation for payment to Payroll Department:

_____

Signature Date