

EMPLOYEE NAME _____

California Law provides for paid sick leave under AB1522 Healthy Workplace/Healthy Families Act of 2014.

Sick leave can be used for the diagnosis, care, or treatment of an existing health condition, as well as preventative care for the employee or family member. In addition, sick leave can be used for an employee that is the victim of domestic violence, sexual assault or stalking.

Paid sick leave can be taken in minimum increments of 2 hours and is limited to 24 hours per year while the eligible employee is employed by the District.

By submitting this form, I certify that:

- > I have been offered a substitute position through the Subfinder system,
- > I am requesting sick leave per AB1522,
- > I was not and will not be employed elsewhere during my regular work hours within the time period claimed,
- > I am a temporary and/or seasonal employee and not covered under a collective bargaining agreement,

_____ Absence Date	_____ Hours Absent	_____ Assignment Offered (Job title)	_____ Location
Personnel Only. Signature and Date			Long term sub? _____ Yes/No
V NV			

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Personnel Only. Signature and Date			Long term sub? _____ Yes/No
V NV			

I further certify that the information stated on this form is true and correct.

Signature and Date

*** Routing Information - Within seven (7) calendar days email, fax or mail the form:
 Email: KLindaman@avhsd.org
 FAX 661-726-0673
 District Mail: ATTN: Personnel
 Mail: 44811 Sierra Highway, Lancaster, CA 93534 ATTN:Personnel

For Questions call: 661-948-7655