

Rocklin Unified School District

2615 Sierra Meadows Drive • Rocklin, CA 95677

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Healthy Workplace, Healthy Families Act: Absence Request Form

Employee Name (first, last)

Employee ID #

Phone Number

Job Title/School Site

Total Number of Hours Requested

Frontline Job # _____

Classified (minimum of 2 hours sick leave can be used at a time)

Certificated (sick leave must be taken in half day increments)

Date of Absence: _____

I certify under the penalty of perjury that I did not work for another employer during this time.
_____(Initials)

Consistent with the Healthy Workplace/Families Act, I am requesting sick leave for my absence for the following reason (Check appropriate box)

Diagnosis, care, or treatment of an existing health condition/preventative care for an Employee or employee's family member

To obtain or seek relief or medial attention specified in Labor Code 230(c) and 230.1 (a) for the health, safety, or welfare of the employee or his/her child, when the employee has been a victim of domestic violence, sexual assault, or stalking

Employee Signature

Date

***No employee shall be denied the right to use accrued sick leave or hours and the district shall not in any manner discriminate or retaliate against any employee for using or attempting to use sick leave, filing a complaint with the Labor Commissioner, or alleging district violation of Labor Code 245-249. The Superintendent or designee shall provide notice to eligible employees of their sick leave rights, keep records of employees' use of sick leave for three years, and comply with other requirements specified in Labor Code 245-249.**

Payroll Use Only

Requestor Eligible

Processed by _____

Remaining Balance _____