



Lemoore Union Elementary School District

NOTIFICATION OF INTENT TO USE AB1522 SICK LEAVE

Certificated & Classified Substitutes

On September 10, 2014, Governor Jerry Brown signed into law the California Healthy Workplaces, Healthy Families Act of 2014 (AB 1522). Under this law, employees are entitled to earn at least one hour of paid leave for every 30 hours worked. Accrual begins on the first day of employment or July 1, 2015, whichever is later. The law applies to all employees who on or after July 1, 2015 work 30 or more days within a year from commencement of employment. Substitute employees who have been employed for LUESD for over 90 days are eligible to use accrued sick leave.

It has come to our attention that you were scheduled/requested to substitute on the following date: _____, and have indicated that you wish to use your accrued sick leave.

Please complete the information below so we can update our records and confirm your use of sick leave. Once completed please return this form to:

Lemoore Union Elementary School District
Human Resources Department - Amy D. Garcia
100 Vine Street
Lemoore, CA 93245

I, _____, certify that I was scheduled/requested to substitute for
Name of Substitute (print)
 an employee of Lemoore Union Elementary School District (LUESD) on _____, but
Date
 was unable to accept the assignment due to a qualifying reason per AB 1522 and Board Policy. I also certify that I have been employed for LUESD for over 90 days and therefore I am eligible to use my accrued sick leave. Please accept this notice as my intent to use _____ hours of my accrued sick leave for my absence on _____.

I understand that this will be applied in the next applicable payroll cycle at a rate that is the higher of any rates paid in the previous 90 days. I also understand that I cannot request sick leave for less than 2 hour increments.

 Signature of Substitute

 Date

<p><i>HR Use Only</i> Eligibility Criteria Met: _____ # of Sick Leave Hours Avail: _____ HR Approval: _____</p>	<p><i>Payroll Use Only</i> Account Line: _____ Hours Worked: _____ Hourly/Daily Rate: _____ Total: _____</p>
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