SOUTH WASCO COUNTY SCHOOL DISTRICT #1

District (541)395-2645

MGS 395-2665

SWCHS 395-2225

EMPLO	YEE.	LEAV	E R	ŒQ	UES	T
			_		.	

Name:	Date of Request:			
ì	Number of hours of leave:			
If gone a portion of a day,	time leaving: and/or ti	me returning:		
Type of Leave: (Check O	ne)	•		
Personal Leave	Personal Illness/Dr. Appt	. Family Illness/Dr. Appt.		
Bereavement	Jury Duty	Professional Developmen		
Field Trip	Workshop	Coaching		
Other (please explain) _				
Name of substitute requested (if	needed)			
	Date			
Administrator Approval	Date			
Comments:				
	h h. ittenta i			
Substitutes Name	has substituted # of	day(s)/hour(s) days or # of hours		
For	Date20wl	hich included the following dates		
I certify that I have worked the h	ours as a substitute as stated abo	ve.		
Substitute Signature	School Office	Confirmation		
MyDocs/Jody/RequestLeave	Non-section	and the second of the second o		

FOR COACHES/TEMPS/SUBS ONLY

Sick Time Use Form

Only to be used by: Coaches, Temporary Employees, and All Substitutes.

Name	_ Date of Request
Pre-Scheduled Sub Time to be missed	
Hours of Sick Time Used	
Hours of Sick Time Remaining in your account after	er current request
Subs/Sub Name	
Signature of Sub Receiving Sick Time	
Signature of Subs/Sub Administrative Signature	

As per District Policy GCBDD/GDBDD: Employees qualify to begin earning and accruing sick time on the first day of employment with the district. Coaches, certified, classified, confidential and administrative staff will have access to up to 40 hours of paid sick time per year. Paid sick time of 40 hours shall be front-loaded to an eligible employee at the beginning of each year. All substitutes and temporary employees will accrue sick time at 1 hour for every 30 hours the employee works. Sick time shall be taken in hourly increments. Hours begin accruing on the first day of employment, but are not useable until the 90th calendar day of employment.