

Employee ID:

Name (Last, First): _____
Please Print

Type of Leave: Sick

I certify that I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. Furthermore, I certify my absence during my hours of assigned duty is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. I certify that the information stated on this form is true.

Employee Signature _____

Date _____

Absence Dates:

From Date:

To Date:

of Days

Hours/Day

Total Hours

Assignment Offered (Job Title)

Location

Dates of Assignment

Timekeeper Signature

Date Entered in Time and Labor

Approval Signature

TRC	Description	
SLLHR	Clerical Sub	5508 00019 00 2456 15 00 01 0000
SLLHR	Paraprofessional Classroom	5508 00019 00 2151 01 02 01 0000
SLLHR	Paraprofessional Non-Classroom	5508 00019 00 2955 07 00 01 0000

Employee Instructions:

- **Short Term Sub Assignments-SAMS (Substitute Absence Management System)**
 - If you declined an assignment through the SAMS system, please submit completed form to the Human Resources, Substitute Management Unit by:
 - Fax – (619) 686-6650
 - Email – sub-illness-reporting@sandi.net
 - Mail – Eugene Brucker Education Center
Human Resources, Substitute Management Unit
4100 Normal Street, Annex 9
San Diego, CA 92103
- **Short Term Assignments – Non SAMS**
If you decline an assignment that was not offered directly by a department and not offered through SAMS, please submit completed form to the department timekeeper.
- **Long Term Sub Assignments**
If you are currently working in a long term assignment of more than 5 days, please submit the completed form to the timekeeper who has been reporting your regular hours worked.