

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

|   |  |   |
|---|--|---|
| <p><b>Absence Dates:</b></p> <p>From Date: <input style="width: 100%;" type="text"/> To Date: <input style="width: 100%;" type="text"/></p> <p><input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p># of Days      Hours/Day      Total Hours</p> | <p>_____<br/>Assignment Offered (Job Title)</p> <p>_____<br/>Location</p> <p>_____<br/>Dates of Assignment</p> | <p>_____<br/>Timekeeper Signature</p> <p>_____<br/>Date Entered in Time and Labor</p> <p>_____<br/>Approval Signature</p> |
|---|--|---|

| TRC   | Description    |                                  |
|-------|----------------|----------------------------------|
| SLLHR | Operations Sub | 5508 00019 00 2253 42 00 01 0000 |
| SLLHR | Clerical Sub   | 5508 00019 00 2456 15 00 01 0000 |

**Employee Instructions:**

- **Custodial and Transportation**  
If you decline an assignment that was offered directly by the department, please submit the completed form to the department timekeeper.
- **Food Services**  
Please submit the completed form to the Food Services Supervisor, Food Services Area Supervisor or submit directly to the department.

| <b>Custodial Services</b>   | <b>Transportation</b>  | <b>Food Services</b>  |
|---|--|---|
| <p>Fax: (858) 496-1737<br/>Email: CustodialServices@sandi.net</p> <p align="center"><u>Mailing Address</u><br/>Physical Plant Operations<br/>Custodial Services<br/>4860 Ruffner Street<br/>San Diego CA 92111-1522</p> | <p align="center"><u>Mailing Address</u><br/>Transportation Department<br/>4710 Cardin St.<br/>San Diego, CA 92111</p> | <p>Fax: (858) 627-7334<br/>Email: Lsaubon@sandi.net</p> <p align="center"><u>Mailing Address</u><br/>Food Services<br/>Attention Labor<br/>6735 Gifford Way, Room 5<br/>San Diego, CA 92111</p> |