

CERTIFICATION/REQUEST TO USE SICK LEAVE FORM

EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	M.I.	Employee Id.
Work Location Name	Job Title	Employee's Contact Telephone No. ()	

1. Date of absence / /
 Mo. Day Yr.

2. Total time (expected) of absence: _____ hours.

I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines. Furthermore, I certify my absence during my hours is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ **Date:** _____

Administrator/Supervisor's Acknowledgement (to be completed by Substitute Office for Substitutes):

Print Name

Signature

Date