

**DELANO PUBLIC SCHOOLS #879**  
**REQUEST FOR SICK LEAVE PAY**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This leave is requested for:  Myself  My Dependent  Other for the following Date(s):

Date: \_\_\_\_\_ # of Hours Used: \_\_\_\_\_ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from \_\_\_\_\_ to \_\_\_\_\_ Sub Needed: I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ IV \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ # of Hours Used: \_\_\_\_\_ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from \_\_\_\_\_ to \_\_\_\_\_ Sub Needed: I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ IV \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ # of Hours Used: \_\_\_\_\_ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from \_\_\_\_\_ to \_\_\_\_\_ Sub Needed: I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ IV \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ # of Hours Used: \_\_\_\_\_ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from \_\_\_\_\_ to \_\_\_\_\_ Sub Needed: I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ IV \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ # of Hours Used: \_\_\_\_\_ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from \_\_\_\_\_ to \_\_\_\_\_ Sub Needed: I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ IV \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Based on the above statements, I hereby claim sick leave pay and I fully understand and acknowledge that misuse of the school district's sick leave policy or falsification of claim for sick leave is sufficient cause for discharge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**NOTE:** If you have been instructed that a doctor's certificate is required substantiating necessity for absence, such statement must be presented to the supervisor with this request.

Payment Approved \_\_\_\_\_

Payment NOT Approved \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date