

HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014

PAID SICK LEAVE FOR SUBSTITUTES AND HOURLY EMPLOYEES NOT ENTITLED TO LEAVE PER EXISTING COLLECTIVE BARGAINING AGREEMENTS

Entitlement:

Each employee who works in California for the same employer for 30 or more days within a fiscal year from the beginning of employment is entitled to paid sick leave. Paid sick leave accrues upon employment at a rate of three days or 24 hours, and is paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later. PERS retired annuitants are not eligible.

Usage:

An employee may use accrued paid sick days beginning on the 90th day of employment. The District will provide paid sick days upon the oral or written request of an employee for the following reasons:

- Diagnosis, care or treatment of an existing health condition or preventive care for self or family member,¹ or
- Employee is a victim of domestic violence, sexual assault, or stalking.

The District limits the use of paid sick days to 24 hours or three days in each fiscal year of employment. **Paid sick leave can be utilized only on days on which the District has offered the employee a job assignment, and the employee declines the assignment for one of the above-stated reasons.** To access leave the employee must submit a **REQUEST FOR PAID SICK LEAVE FORM**. If the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable. The District does not carry over nor pay out unused sick leave. The attached form can be used to provide notice in advance, following an oral request in order to process payment. Oral requests for paid sick leave should be directed to the Human Resources Department.

An employee may not be terminated or retaliated against for using or requesting the use of accrued paid sick leave, and has a right to file a complaint against an employer who retaliates.

¹ "Family member" is defined as (1) a child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status; (2) a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child; (3) a spouse; (4) a registered domestic partner; (5) a grandparent; (6) a grandchild; or (7) a sibling. (Labor Code section 245.5 (c))



REQUEST FOR PAID SICK LEAVE

for Substitutes and Hourly Employees Not Entitled to Leave per Existing Bargaining Unit Agreements

Employee's Last Name:		Employee's First Name:	
Employee ID#:		Telephone #:	
		Email address:	
<p>The District limits the use of paid sick days to 24 hours or three days in each year of employment. <u>Paid sick leave can be utilized only on days on which the District has offered the employee a job assignment, and the employee declines the assignment for one of the allowable reasons.</u></p> <p>To access accrued leave the employee must submit this form. If the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable. PERS retired annuitants are not eligible.</p>			
Date on which District offered assignment and employee requests use of paid sick leave:			
Reason for Request:	<input type="checkbox"/> Diagnosis, care or treatment of an existing health condition or preventive care for self or family member <input type="checkbox"/> Employee is a victim of domestic violence, sexual assault, or stalking.		
Signature:			
Date Submitted:			

Please submit completed form to the Human Resources Department.

For Human Resources Department Use Only:	
PERS Retiree <input type="checkbox"/> Yes (Not eligible) <input type="checkbox"/> No (Eligible)	Has worked 30 days within fiscal year: <input type="checkbox"/> Yes <input type="checkbox"/> No
Leave balance verified: <input type="checkbox"/>	Employment offered on date requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pay rate:	Date submitted to payroll:
Submitted by:	

Copy to: Employee Human Resources Payroll