

- In order to request sick leave, you must have accrued sick leave by continued employment with GCPS for 106 calendar days (from date of hire).
- Any job that is accepted and cancelled within 12 hours is not eligible for sick leave, as reasonable and advance notice is required to avoid a disruption to the classroom. Your sick leave balance is on your pay stub, which can be viewed on the Employee Self-Serve Portal. Sick leave payment may only be taken in ½ or full day increments. The cancelled job must be ½ day or full day.

<b>Section I:</b>	
<b>Name</b>	<b>Employee ID Number (4 digit number)</b>
<b>Email address</b>	<b>Date of absence</b>
<b>Original duty day (1.0 full day or .5 half day increments)</b>	<b>Time (1/2 or full day) request to use Sick and Safe Leave: [Circle one]</b> <input type="radio"/> ½ day    or <input type="radio"/> full day
<b>Section II: Daily Substitutes Only:</b>	
<b>Confirmation number of accepted job</b>	<b>Date/Time job was accepted</b>
<b>Confirmation number of cancelled absence</b>	<b>Date/Time job was cancelled</b>
<b>Section III: Reason for Absence:</b>	
<b>To care for or treat your mental or physical illness, injury, or condition</b>	<b>To obtain preventative medical care for you or a family member</b>
<b>To care for a family member with a mental or physical illness, injury, or condition</b>	<b>For maternity or paternity leave</b>
<b>The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against you or your family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3) for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking</b>	<b>Bereavement Leave</b>
<b>Select the Type of Leave:</b>	
<input type="radio"/> SICK	<input type="radio"/> FAMILY ILLNESS      Relationship: _____
<input type="radio"/> BEREAVEMENT LEAVE	Relationship: _____

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

**Form must be signed by the principal at the employee's base school or the location the sub request was cancelled no later than the end of the pay period after the absence. If two or more consecutive days of sick or family illness are used, please include a doctor's note in a sealed envelope.**