



Roseville Joint Union High School District  
Human Resources Department

**Request for Sick Leave Pay**  
**Healthy Families Act**

Employee Name: \_\_\_\_\_ Employee ID # or Last 4 of SSN: \_\_\_\_\_

Position/Job: \_\_\_\_\_ Date(s) of Absence: \_\_\_\_\_

Check the following:

**Classified Substitute** (minimum two hours will be applied)  
Number of hours applied for absence: \_\_\_\_\_

**Certificated Substitute** (minimum two hours will be applied)  
AESOP Confirmation # (required): \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisors – Please ensure the employee does not write this sick leave on their timesheet!**

Send to: Kim Hoffman-Personnel/District Office for processing.  
**Phone:** (916) 782- 6565 ext 1053 **Fax:** (916) 786-2681 **Email:** [khoffman@rjuhsd.us](mailto:khoffman@rjuhsd.us)

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**Human Resources Verification**

- \_\_\_ 30 days worked
- \_\_\_ 90 days employment
- \_\_\_ Meets minimum two hour requirement
- \_\_\_ # Sick Leave Days/Hours Accrued and Available
- \_\_\_ Not Retired from PERS (OK if retired from STRS)
- \_\_\_ (Retirement Tab: R under Mbr means Retired, PERS under Plan)
- \_\_\_ Entered in Escape
- \_\_\_ Entered in Optix

HR Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll, please pay employee \_\_\_\_\_ hours , or \_\_\_\_\_ periods, or \_\_\_\_\_ days at their pay rate for the job specified above.

Payroll: Rate \_\_\_\_\_ x Hours \_\_\_\_\_ = Total \_\_\_\_\_