Affidavit of Used Sick Leave

Pomona Unified School District

Human Resources
800 S. Garey Avenue
Pomona, CA 91766
(909) 397-4800, Ext. 23800

California Paid Sick Leave Law (Assembly Bill 1522) and Pomona Unified School District's corresponding Board Policy 4121/4221/4321, provides employees who work for 30 or more days in the school year in which his/her employment commences, and in each school year thereafter, shall be credited with 24 hours of paid sick leave for that year.

This affidavit must be completed and submitted to the Human Resources Office. They can be submitted throughout the year; however, the last day to submit an Affidavit of Used Sick Leave for the end of the Fiscal Year is June 15th.

Print Full Name (First)	**(M.I.)**	**(Last)**
Mailing Address	**State**	**Zip Code**
Social Security # or Employee ID #	**Home/Cell Phone#**	**Type of Employee**

Paid sick leave shall be taken in not less than two (2) hour increments.
Cannot exceed normal work hours.

Date	School/Department	Substituting for	Number of Hours Requested	MANDATORY Authorized Job Number	Admin or Office Manager Signature Required For Assignments Not Reported to AESOP. (Examples: Campus Supervisors, Tutors, Interns, etc.)

I certify that the above information is accurate and I understand that any days/hours I have reported that do not have an authorized job number through AESOP will not be paid.

Employee Signature: _____ Date: _____

DISTRICT USE ONLY

Human Resources Verification of Sick Leave

Signed: _____ Date: _____

Position Control – Confirm Processed

Signed: _____ Date: _____

1st Copy Human Resources ***2nd Copy Payroll*** ***3rd Copy Employee***