

- 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.

Section I:	
Name	Employee ID Number (4 digit number)
Email address	Date of absence
Original duty day (1.0 full day or .5 half day increments)	Time (1/2 or full day) request to use Sick and Safe Leave: [Circle one] <div style="text-align: center;"> ½ day or full day </div>
Section II: Daily Substitutes Only:	
Confirmation number of accepted job	Date/Time job was accepted
Confirmation number of cancelled absence	Date/Time job was cancelled
Section III: Reason for Absence:	
To care for or treat your mental or physical illness, injury, or condition	To obtain preventative medical care for you or a family member
To care for a family member with a mental or physical illness, injury, or condition	For maternity or paternity leave
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	Bereavement Leave
Select the Type of Leave:	
SICK	FAMILY ILLNESS Relationship: _____
	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.