

Associated Students of SDSU  
**Part-Time Paid Sick Leave Request Form**

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**RED ID:** \_\_\_\_\_ **Home Locator:** \_\_\_\_\_

**Policy:** Eligible part-time and temporary employees accrue paid sick leave at a rate of one hour for every 30 hours worked beginning at the employee's date of hire. Paid sick leave may be taken after the completion of 90 days of employment. Paid sick leave may only be used to cover an actual scheduled shift that the employee is unable to work. Paid sick leave may not be used during holidays, vacation or hours of work outside an employee's regular schedule/shift. See Employee Handbook for the complete Paid Sick Leave policy.

**Instructions:**

1. Notify your supervisor as soon as possible of an anticipated missed scheduled shift due to illness and/or injury.
2. If you have accrued paid sick leave available, complete the table below with the date of the scheduled shift, scheduled shift time (i.e. 9 a.m. to 12 p.m.) and the number of paid sick hours requesting. If you are absent for more than one day, list each date and shift separately. Once complete, fill in the "Total Hours Requested" line.
3. A separate form must be completed for each work week (Saturday to Friday).
4. Sign and submit the completed form to your supervisor for review and approval.
5. Supervisors:
  - a. Confirm paid sick leave hours available and scheduled shifts.
  - b. Approve/deny request.
  - c. Enter the hours in to Kronos
  - d. Sign and submit form to the Payroll department by Monday of the payroll week.

<b>Date M/D/YEAR</b>	<b>Scheduled Shift Time From To</b>	<b>Paid Sick Leave Total Hours</b>

Total Hours Requested: \_\_\_\_\_

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

\_\_\_\_\_  
Date Signed

Request    ☐ Approved    ☐ Denied – Reason \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed