



Stafford Township School District
Earned Sick Time Request

When you anticipate being out of the district, this form must be completed and sent to Human Resources/Payroll at least seven (7) days in advance of the date(s) requested. If it is an unplanned day, you must submit within two (2) days after absence.

Name: _____ Substitute Position: _____

Date of Absence: _____

Substitute Signature

Date

Director of Human Resources

Date

Superintendent

Date

*The district only allows for substitutes to take Earned Sick Leave in increments a full day/shift. Your Earned Sick Time will be paid in the next pay period after all signatures have been acquired.

<p>For Human Resource use only: Date received: _____ Date paid: _____ Earned Sick Time available: _____</p>
