

OREGON CITY SCHOOL DISTRICT
OREGON SICK TIME SB454 USE REQUEST FOR CASUAL EMPLOYEES

Requirements:

- Employment with OCSD must have begun a minimum of 90 days before usage can begin.
- Job must have been accepted a minimum of 24 hours in advance.
- You or immediate family member have the following:
 - Mental or physical illness or treatment thereof, injury, medical condition, need for medical diagnosis, preventative care, parental leave, sick child leave
 - Public health emergency that includes closure of school, child's school or for self or family member's care that has been determined by a health care provider to jeopardize the health of others
 - Bereavement leave
 - Victim of Domestic Violence leave
- Have an available balance (please see last pay check for available balance)

FULL NAME (print legibly): _____

TODAY'S DATE: _____ EMPLOYEE NUMBER: _____

POSITION WITH DISTRICT: (please check) Sub Teacher Sub Instructional Asst.
Sub Cook Sub Custodian Other Casual Employee Position _____

ABSENCE MANAGEMENT JOB CONFIRMATION NUMBER (if applicable): _____

JOB DATE: _____

TOTAL NUMBER OF HOURS ORIGINALLY ASSIGNED WITH ABOVE JOB: _____

NUMBER OF HOURS CLAIMING SB454 SICK TIME: _____

EMPLOYEE SIGNATURE: _____

Please print form and send it to Human Resources for approval. Human Resources will submit to Payroll.

OCSD ADMINISTRATION OFFICE USE ONLY:

HR: Please attach Absence Management Absence/Vacancy Log from the above job, if applicable.

RATE OF PAY: _____ TOTAL PAY: _____

ACCOUNT(S): _____

NOTES: _____

HR APPROVAL: _____ DATE: _____