



Substitute Sick Leave Request

Please use this form when requesting paid sick leave days.

ONLY Substitutes use this form

Sick leave may only be used in full or half day shifts (specify AM or PM). Sick leave must be taken in accordance with [WAC 357-31-130](#), for medical purposes only.

A minimum of 5 days notice required for pre-approval.

SUBSTITUTE'S NAME: _____ TODAY'S DATE: _____

Date(s) of requested leave: _____

Hours Per Day (If half days, specify AM or PM shift): _____

Hours Per Day (if some days are different): _____

Substitute Signature: _____ Date: _____

Comments: _____

Return this form to the District Office or email:

Kristin Malone
Payroll & Benefits
425-844-4513
malonek@rsd407.org

and

Rhiannon Inman
Secretary II – Sub Office
425-844-4500
inmanr@rsd407.org

For district use only:

Request Granted: Yes No

Signatures: Payroll & Benefits: _____

Effective Date: _____

Employee has the following accrued leave balance available to use toward this absence: _____.