

Employee ID:

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Name (Last, First): _____
Please Print

Type of Leave: Sick

I certify that I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. Furthermore, I certify my absence during my hours of assigned duty is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. I certify that the information stated on this form is true.

Employee Signature

Date

Absence Dates:

From Date:

To Date:

of Days

Hours/Day

Total Hours

Assignment Offered (Job Title)

Location

Dates of Assignment

Timekeeper Signature

Date Entered in Time and Labor

Approval Signature

TRC	Description	
SLCVN	Certificated Visiting Nurse	5508 00019 00 1262 16 00 01 0000

Employee Instructions:

Please submit the completed form to the Nursing and Wellness Department.

Mail:
Eugene Brucker Education Center
Attention Nursing and Wellness
4100 Normal Street, Room 2121
San Diego, CA 92103

Fax: 619-725-8073

Email: estewart@sandi.net