Sacramento City Unified School District

MEMORANDUM

DAY-TO-DAY ABSENCE EXCEEDS BEYOND THREE (3) MONTHS OR FOR CONSECUTIVE 100-DAY GRANT REQUEST

Employee Name: _____

Social Security Number: _____

Ä Classified Employee Ä Certificated Employee Ä Calendar_____ Ä FTE: _____

Payroll: _____ Location: _____

Number of Days Absent for _____ Fiscal Year as of _____ : _____
Date Days

Last Day Worked: _____

Physician's Statement(s) on File? Ä Yes Ä No (Attach Copies)

Number of Accumulated Days/Hours: Sick_____ Vacation_____

Tentative End of Vacation: _____

Tentative End of 100-Day Differential: _____

_____ _____
Signature of Human Resource Services Representative(s) Date

SECTION II: TO BE COMPLETED BY

SECTION III: TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Employee Status: Ä Day-to-Day Absence

Ä Long-Term Board-Approved Leave of Absence
Type: Ä Health Leave of Absence Ä Disability Leave of Absence

Effective: _____ Terminating: _____

Ä Other

_____ _____
Signature of Human Resource Services Representative(s) Date

SECTION IV: HUMAN RESOURCE SERVICES USE ONLY

Ä Place Certificated or Classified Employee on 39-Month Reemployment
Effective: _____ Through: _____

Ä Payment of Accumulated Sick Leave
Ä Approved Ä Disapproved
Effective: _____ Through: _____

Ä Payment of 100-Day Differential
Ä Approved Differential Ä End Differential Ä Activate--Has Exhausted Differential
Effective: _____ Through: _____

Ä Physician's Statement
Ä Approved Ä Disapproved Comments: _____

Ä Terminate Health Insurance
Effective: _____

_____ _____
Signature of Human Resource Services Representative(s) Date

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cc: Personnel Analyst **Distribution by:**