ISSAQUAH SCHOOL DISTRICT 411

PAID Illness, Injury & Emergency (IIE) LEAVE REQUEST FORM

For Nonexempt Staff Members (e.g. substitutes)

Nonexempt staff members (referred to as "Employee" on this document) are responsible for completing this form to request IIE leave to be charged/deducted from their leave balance and to receive the corresponding amount of pay for that leave.

EMPLOYEE (Print LEGAL NAME): _____

POSITION/ASSIGNMENT: _____ **LOCATION:** _____

EMPLOYEE EMAIL: _____ **EMPLOYEE PHONE:** _____

IIE LEAVE BALANCE: _____ (HOURS)
(Located: http://www.issaquah.wednet.edu//; Staff, Employee Access; Skyward; Log-In; Time off; My Status; Illness/Injury/Emergency; Available; Click on the triangle to the left to see details of hours used and allocated)

REASON CODES: **S** = Illness or Injury (Self or Family) **E** = Emergency (to use emergency, must explain the nature of the emergency)

Explanation - _____

Date/s Absent	# of Hours	Reason Code (S or E)	Rate of Pay (Payroll Use Only)
Total Hours			

By signing below, I certify/declare under penalty of perjury under the laws of the State of Washington pursuant to RCW 9A.72.085 that the information above is true and correct. In addition, such falsifications of District documents may be found as cause for misconduct and result in discipline up to and including termination.

_____ _____
Employee Signature Date Signed

My Signature below certifies that this leave conforms to the terms and conditions of Initiative 1433; collective bargaining agreement and/or District regulation governing the employee's group. I also certify that the employee named above was previously scheduled for the specific assignment listed above on the date(s) for which leave is being requested.

_____ _____ / _____ _____
Scheduler Signature Date Signed Supervisor Signature Date signed

SEND THE ORIGINAL COMPLETED FORM TO PAYROLL DEPARTMENT

Official Use

Payroll *Paycode* *S2PY* *CL - 0100-27-3060-002-0100 / CT 0100-27-2060-002-0100*