



Paid Sick Leave Request and Approval Form

Employee Name: _____ Date: ____/____/____

The Healthy Workplaces, Healthy Families Act of 2014 (AB 1522) also known as the California Paid Sick Leave Law mandates that employees who work 30 or more days within a year in California be given at least 24 hours of paid sick leave annually commencing on July 1st, 2015. Please initial below that you understand. **We will not accept forms that are not initial, filled out and signed where requested.**

Please initial each item as your acknowledgement and agreement:

_____ Paid Sick Leave begins to accrue on the 1st day of employment and employees are entitled to use accrued sick leave on or after the 90th day of employment. Any unused Paid Sick Leave is not paid upon termination or after termination.

_____ The annual maximum you can access in a calendar year is 24 hours or 40 hours if you work in the San Diego City limits. If in a calendar year you have reached your hours cap of Paid Sick Leave (PSL) and are not able to access any additional leave, your hours will continue to accrue up to 48 hours total, so you can access hours per year for use in the following year (s). You cannot take more sick leave hours than you have available when you request hours.

_____ All sick leave hours requested, must be turned into our office for processing no later than 30 days from the date the PSL time was taken.

_____ Sick leave forms are due Monday, by 5:00pm for the previous week requested hours. If your PSL form is turned in after this time, we will process your requested hours the following week.

If you are requesting three (3) or more scheduled work days due to illness, BaronHR Technical will need a signed work release from a physician to return to work. This is for the safety and well-being of all employees in the workplace.

We agree with the California state law and believe this is a very meaningful benefit. We also want to make certain that employees understand the provision of the law and its legal intended use. **We will be reaching out to our clients to verify the information.**

Paid Sick Leave has some very specific criteria and it can be used for yourself or family member for the diagnosis, care or treatment, or you are the victim of domestic violence, sexual assault or stalking. **Sick Leave is not to be confused with PTO (Paid Time Off). It is not to be used for a vacation day or personal day off, nor is it used to cover late arrivals to work or leaving work early unless it meets the criteria listed above.**

Please state the reason for your absence _____

Client Company where you are working: _____ **Supervisor Signature:** _____

Date(s) Requested:	____/____/____	____/____/____	____/____/____
Time From:	____:____ A.M. or P.M	____:____ A.M. or P.M	____:____ A.M. or P.M
To:	____:____ A.M. or P.M	____:____ A.M. or P.M	____:____ A.M. or P.M
For Employer Use Only	Current PSL Hours Available:	PSL Hours Approved	

You may fax your request to 619-481-5401 or email your request to: yourpayroll@baronhr.com