



GATEWAY COMMUNITY CHARTERS

5112 Arnold Ave, Ste A
McClellan, CA 95652

SUBSTITUTE ABSENCE REQUEST

First Name

Last Name

Absence Information

Department/School: Gateway Community Charters

Position: Substitute

Reason for absence: Sick

Job#/Confirmation# (REQUIRED): _____

Hours of Sick Leave Using (REQUIRED): _____

Start & End Times for the hours listed above (REQUIRED): _____

Date of Assignment Being Cancelled (REQUIRED): _____

Authorization

I, _____ (*Print Full Name*), authorize Gateway Community Charters to use my sick leave to pay me for the hour(s) and date(s) above that I was unable to be a substitute due to illness. I understand that I must be employed with Gateway Community Charters for 90 days before I can use my sick leave.

Substitute Signature

Date

Human Resources Use Only

School Site: _____

Substitute Been Employed with GCC for 90 Days: Yes No

Accounting Code: _____

Human Resources Department Signature

Date

Approved Rejected