



NON-FMLA EXTENDED LEAVE OF ABSENCE REQUEST

INSTRUCTIONS: Complete this form, read the statements and conditions, sign, date, obtain supervisor signature and return the request to payroll & benefits office. **If the leave request is due to a medical reason, the district may request a note from the attending physician with the following information: date first unable to work, length of time expected to be off work and expected return to work date.**

Employee Name _____ Department _____

Position _____ Supervisor _____

Employee Address _____

Employee Personal Phone _____

Employee Personal Email _____

My requested leave will begin on _____ and end on _____

Type of Non-FMLA leave requested

- Medical
- Personal
- Extraordinary

For Personal or Extraordinary extended leave of absence request please provide an explanation:

I understand that:

- ✓ My contract and leave balances will be adjusted based on the length of absence
- ✓ I will use available sick and/or personal leave available
- ✓ My adjusted contract will continue medical deductions and benefits and that self-pay options may be available if needed
- ✓ I will not accept other employment during this leave
- ✓ If I do not return to work after this leave period expires, my employment may be terminated
- ✓ If the leave is for medical reasons, I must submit a doctor’s note releasing me to my regular duty
- ✓ I must communicate with my supervisor and payroll & benefits office at least 1 week prior to my return with an update and confirmation of my return date

Signature and Acknowledgment:

I certify as to the truth and accuracy of the information I provided on this form. I further understand that if the leave is due to a health condition, I must submit periodic, updated medical information completed by the appropriate health care provider at the district’s request.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll/Benefits Signature _____ Date _____

Approved by _____ Date _____

Position of approver if not the school board _____

12/2023

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The Cle Elum-Roslyn School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) have been designated to handle questions and complaints of alleged discrimination: Superintendent for Title IX and Civil Rights Compliance or Special Programs Director for Section 504/ADA Compliance at 4244 Bullfrog Rd, Cle Elum WA, 509-649-4850.