



EMPLOYEE LEAVE OF ABSENCE REQUEST FORM

Complete this form if you will be off work for more than five (5) consecutive workdays.
Submit completed form to Human Resources Department.

EMPLOYEE NAME: _____ DATE: _____

POSITION: _____ BUILDING: _____

☐ CERTIFICATED ☐ CLASSIFIED ☐ FULL DAY ☐ AM ONLY ☐ PM ONLY

BEGIN DATE OF ABSENCE: _____ RETURN TO WORK DATE: _____

TOTAL NUMBER OF DAYS REQUESTED: _____ SUBSTITUTE REQUIRED: ☐ YES ☐ NO

TYPE OF LEAVE REQUESTED:

- | | | |
|--|-------------------------------|---------------------------------|
| <input type="checkbox"/> <u>MEDICAL</u> (doctor's note will be required) | <input type="checkbox"/> SELF | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> <u>MATERNITY/PATERNITY</u> | | |
| <input type="checkbox"/> <u>PERSONAL LEAVE</u> | | |
| <input type="checkbox"/> <u>INTERMITTANT LEAVE</u> | <input type="checkbox"/> SELF | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> <u>UNPAID LEAVE</u> (all forms of paid leave must be exhausted first, unless utilizing approved WAPFML) | | |
| <input type="checkbox"/> <u>MILITARY LEAVE</u> (include appropriate military documentation) | | |

- | | | |
|---|------------------------------|-----------------------------|
| I WILL BE USING FEDERAL FMLA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I WILL BE USING WA PAID FAMILY MEDICAL LEAVE (WAPFML) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I WILL BE USING SICK LEAVE ONLY | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I WILL BE USING A COMBINATION OF WAPFML & SICK LEAVE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

BRIEF DESCRIPTION OF REQUEST:

EMPLOYEE SIGNATURE

DATE

FOR HUMAN RESOURCES/PAYROLL USE ONLY

Received by HR: _____ Date: _____ By: _____ Doctor's Note provided: YES / NO

☐ Less than 30 days ☐ Leave Denied _____ By: _____

☐ Will Employee work 630 hours in the school year? YES / NO If NO, Benefits end as of _____

☐ Recommended for approval: _____

Jennifer Whitney, Director of Human Resources

Date

Copies sent to:

☐ Email ☐ Cert Analyst ☐ Class Analyst ☐ Payroll ☐ Sub Desk ☐ File

Date: