



## Everett Public Schools REQUEST FOR LEAVE OF ABSENCE

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
Please use complete legal name

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_  
Please list all positions (teacher, coach, etc.)

I request a leave of absence for the period of:

Full Time Leave: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
*Expected first day off work*

\_\_\_\_\_ *Expected first day back to work*

Part Time Leave: \_\_\_\_\_  
(If part time leave list hours per day)

For the following reason:

\_\_\_\_\_ Adoption of a child

\_\_\_\_\_ Professional

\_\_\_\_\_ Maternity\*

\_\_\_\_\_ Family Illness (please list family member and relationship)\*

\_\_\_\_\_ Childcare

\_\_\_\_\_ Medical\*

\_\_\_\_\_ Military (copies of official orders are required)

\_\_\_\_\_ Other (please list reason) \_\_\_\_\_

*\*Maternity, medical and family illness leaves require a physician's certificate before leave can be approved.*

I would like to use my available sick leave (if applicable) for this leave request

Please circle

Yes No

Please indicate  
number of days

\_\_\_\_\_

I would like to use my available vacation leave (if applicable) for this leave

Yes No

\_\_\_\_\_

I would like to use my personal leave (if applicable) for this leave request.

Yes No

\_\_\_\_\_

**I have entered this leave of absence into the employee absence reporting system. The job number is: \_\_\_\_\_. I understand that if the leave dates change it is my responsibility to ensure that the days are reported into the employee absence reporting system and that a substitute is arranged for, if applicable. I also understand that entering this absence into the employee absence reporting system does not constitute approval of this leave of absence.**

**I understand that this request for a leave of absence is subject to the terms and condition of my collective bargaining agreement and/or Board Policy. I also understand that Human Resources determines final approval of this request and that if I need to revise my return to work date I will notify Human Resources, in writing, and provide an updated physician's certificate if required.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Principal Signature

\_\_\_\_\_  
Date

☐ Recommend ☐ Not Recommend

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

☐ Approved ☐ Denied