



Payroll and Benefits  
REQUEST FOR LEAVE OF ABSENCE  
TO BE SUBMITTED PRIOR TO ABSENCE

Benefits Office: 425.385.4115

Confidential Benefits Fax: 425.385.4135 [benefits@everettsd.org](mailto:benefits@everettsd.org)

Required for absences over five consecutive or intermittent working days  
(except approved vacation)

EMPLOYEE NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

I request a leave of absence for the period of \_\_\_\_\_ through \_\_\_\_\_, Date returning: \_\_\_\_\_  
*First day of leave* *Last day of leave*

1. Select time off are you requesting:

- ☐ Full-time (your entire regular schedule) or  
☐ Part-time (a partial portion of your regular schedule) *List leave hours off per day* \_\_\_\_\_  
☐ Intermittent (hours/days as needed occasionally)  
*Next go to 2A, 2B or 2C then finish with step 3 and 4. Sign and date.*

2A.

- ☐ Medical Care for Self or  
☐ Medical Care for Family Member:

*Name/Relationship of Family Member* \_\_\_\_\_

*\*\* Medical documentation is required no later than 15 days after returning to work for all medical leave of absences for either the employee or the family member.*

2B. ☐ Maternity Leave ☐ Paternity Leave ☐ Adoption Leave ☐ Parental/Childcare Leave

*Name & Birthdate of child* \_\_\_\_\_

*\*\* Medical documentation is required for maternity and paternity leave; copy of adoption paperwork required for adoption*

2C. ☐ Personal Leave ☐ Other Leave ☐ Military

*Enter leave specifics* \_\_\_\_\_

*Copy of military orders are required for active duty.*

Leave Coverage

Leave through the school district is paid by using your own available paid leave. If your sick leave balance is exhausted, you may use your available paid leave or take leave without pay if you have none available. If you have applied for the state Paid Family Medical Leave (PFML), you will not be paid through the district and will be paid only through the state for the same dates. You must indicate which dates you will be applying for PFML in box 4. If you are no longer in a paid status, we may be required to pay off your assignment. Because your salary had been scheduled to be paid over 12 months, your pay-off will include any funds that may have been earned but not yet paid. If you return from your leave during this school year, your salary will be recalculated based only on the remaining number of work days in the school year. We encourage you to call with any questions regarding this salary information.

3. I request to use the following pay options during this leave of absence *(if applicable and available per CBA, WAC and all other ruling and regulatory agencies)*

- ☐ Sick Leave ☐ Personal Leave ☐ Vacation ☐ Leave without Pay  
☐ Birth/Adoption of a Child Days *(EEA Only)*  
☐ Shared Leave (must submit separate application for shared leave)  
I want to reserve \_\_\_\_\_ Sick Leave hours.

4. ☐ I have applied for Washington Paid Family Medical Leave (PFML)/LWOP for the period of \_\_\_\_\_ - \_\_\_\_\_. I understand this can affect the amount of my summer pay, if I am a school year employee and will affect retirement service credits.

To apply for PFML begin the process using this [link](#). This leave pay is processed and approved **entirely** through the Employment Security Department (ESD). While receiving PFML your District pay will **stop**. If you apply for this leave and it is not approved, the District will use leave without pay for your absence. The ESD requires that you give your employer written notice 30 days in advance. If you need to take leave unexpectedly, written notice must be given as soon as possible.

The difference between FMLA and PFML:

**FMLA**, is the Family Medical Leave Act, and is your unpaid (outside of your own sick and personal leave), federal protection of your wage- the amount you make per hour, job- the type of position you hold, and benefit- your health insurance, protections for 60 working days. To qualify for FMLA, an employee must have been employed with the employer for 1 year and worked 1250 hours in the past rolling year. For maternity leaves, the 60 working day FMLA period will begin the first day following your maternity period (the 6 to 8 weeks you need for your personal recovery time). The benefits office runs FMLA eligibility on every maternity and medical leave filed and will notify you of your eligibility and the time frame for which you will qualify once your leave is processed.

**PFML**, is the Employment Security Department (ESD) Washington Paid Family and Medical Leave. This program is administered **entirely** by the State of Washington and is not a part of the leave process with the district, though it is taken while you are on a leave of absence. The district does not determine approval for this state benefit. You will need to apply and receive notification of decision through the State of Washington. You can learn more about the PFML program and how to apply, here:

<https://esd.wa.gov/paid-family-medical-leave>

#### **EEA ONLY 7.01 A 12 of the 2021-2024 Collective Bargaining Agreement**

Employees entering unpaid status shall be offered the choice of being cashed out the withheld portion ("escrow") of the employee's annual salary or being paid the remaining amount in monthly increments throughout the duration of the employee's contractual year.

Yes, I WISH for the remaining compensation of my contract to be pro-rated over the balance of the contract year or the duration of my leave.

No, I DO NOT WISH for the remaining compensation of my contract to be prorated over the balance of the contract year or the duration of my leave and elect for a single lump-sum payment.

#### **My signature below indicates I understand that:**

- it is my responsibility to report all absences related to this leave via the employee absence reporting system unless otherwise instructed and to work with my supervisor to arrange an appropriate substitute and reporting these absences in the employee absence reporting system *does not* constitute approval of this leave of absence;
- this request for leave of absence and request for leave coverage is subject to the terms and conditions of my collective bargaining agreement, WAC and/or Board/District policy and all other ruling and regulatory agencies;
- the Payroll and Benefits office will determine final approval of this request;
- I must provide appropriate medical documentation as required 30 days prior to the start of my leave request and no later than 15 days upon my return from leave, including updated medical documentation to extend the leave and/or a medical release prior to returning to work if such a release is required;
- upon return from leave I may be assigned to a position comparable to that which I held at the time this request for leave was approved;
- benefit eligibility/status may be impacted by a leave of absence;
- if you are no longer in a paid status, we will be required to pay off your assignment and new contract year front-loads will be pro-rated upon your return;
- retirement service credits not earned during approved unpaid leaves of absence are available for purchase per WAC 415-02-175. Contact DRS if interested;
- any changes must be requested by submitting a Leave Request Change form and will be effective for future dates only.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll and Benefits

\_\_\_\_\_  
Date

☐ **APPROVED** ☐ **DENIED**

# Paid time off. Peace of mind.

Paid Family and Medical Leave provides paid time off when a serious health condition prevents you from working, when you need to care for a family member or a new child, or for certain military-related events. It's here for you when you need it most, so you can focus on what matters.

## How it works



Nearly every Washington worker—whether you work full time or part time in a small to large business—is eligible for up to 12 weeks of Paid Family and Medical Leave. You need to work 820 hours in Washington, or about 16 hours per week, over the course of about a year. You can get up to 16 weeks if you have family and medical events in the same year, or up to 18 weeks in some cases. Leave doesn't have to be taken all at once. You can use these weeks within your "claim year," which starts when you apply and then runs for the next 52 weeks. When that claim year expires you can then be eligible for leave again.

You apply for leave with the Employment Security Department and will get partial wage replacement, up to 90 percent of your typical pay, capped at **\$1,327** per week.

## Your rights



If you meet the requirements, you have the right to take paid time off using Paid Family and Medical Leave.

If you qualify for Paid Family and Medical Leave, your employer cannot prevent you from taking it. Your employer also cannot require you to use other types of leave, such as sick or vacation days, before or after taking Paid Family and Medical Leave. The program is funded by premiums shared between workers and many employers. The premium is 0.6% of your wage. You may pay about 73% of that total, and your employer (if they have 50 or more employees) pays the rest. A calculator to estimate premiums is available on our website.

To file a complaint against your employer about Paid Family and Medical Leave, email or call our Customer Care Team at [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov) or (833) 717-2273.

You may also contact the Office of the Paid Family and Medical Leave Ombuds. The Ombuds is appointed by the governor and serves as a neutral, independent third party to help workers and employers in their dealings with the Department. The Office of the Ombuds investigates, reports on and helps settle complaints about service deficiencies and concerns with the Paid Family and Medical Leave program. Learn more at [www.paidleaveombuds.wa.gov](http://www.paidleaveombuds.wa.gov) or call the Ombuds' office at 844-395-6697.

Learn more and apply at  
[paidleave.wa.gov](http://paidleave.wa.gov)

Washington  
Paid Family & Medical Leave

