REQUEST TO CHANGE
PREVIOUSLY APPROVED LEAVE OF ABSENCE

Payroll and Benefits Department
Email: benefits@everett.org
Phone: 425.385.4115
Confidential Fax: 425.385.4135

ORIGINAL LEAVE REQUEST MUST BE ATTACHED

EMPLOYEE NAME: _____ **EMPLOYEE ID NUMBER**: _____

JOB TITLE: _____ **WORK LOCATION**: _____

Except for unplanned emergencies, revisions will be honored for future dates and will not be applied retroactively.

ORIGINAL REQUEST	REVISED REQUEST
LEAVE BEGIN DATE:	**LEAVE BEGIN DATE:**
RETURN TO WORK DATE:	**RETURN TO WORK DATE:**
☐ **Full Time** (your entire work schedule) or ☐ **Part Time** (hour/days you will NOT work) ***List leave hours per day*** _____ ☐ **Intermittent** (hours/days as needed occasionally)	☐ **Full Time** (your entire work schedule) or ☐ **Part Time** (hours/days you will NOT work) ***List leave hours per day*** _____ ☐ **Intermittent** (hours/days as needed occasionally)

PAID OR UNPAID LEAVE OPTIONS REQUESTED	PAID OR UNPAID LEAVE OPTIONS REQUESTED
☐ Sick Leave ☐ Personal Leave	☐ Sick Leave ☐ Personal Leave
☐ Vacation ☐ Shared Leave _____ *reserve days*	☐ Vacation ☐ Shared Leave _____ *reserve days*
☐ Birth/Adoption Days (EEA only)	☐ Birth/Adoption Days (EEA only)
☐ Leave Without Pay	☐ Leave Without Pay
☐ Washington Paid Family Medical Leave (PFML): → PFML from _____ to _____	☐ Washington Paid Family Medical Leave (PFML): → PFML from _____ to _____

My signature below indicates I have re-affirmed the conditions of the previously approved Leave of Absence request (attached), which remain in effect for this current Change Request.

_____ _____
Employee's Signature Date

Section Below to be Completed by Payroll and Benefits Administrator

☐ **APPROVED** ☐ **DENIED**

_____ _____
Payroll and Benefits Authorization Date

Notes:

Revised: 3/31/2023