

REQUEST FOR LEAVE OF ABSENCE

Payroll and Benefits Department
Email: benefits@everettsd.org

Phone: 425.385.4115
Confidential Fax: 425.385.4135

EMPLOYEE NAME: _____ EMPLOYEE ID NUMBER: _____

JOB TITLE: _____ WORK LOCATION: _____

LEAVE BEGIN DATE: _____ RETURN TO WORK DATE: _____

REQUESTED LEAVE TIME (choose one)

☐ **FULL TIME** – your entire contracted work schedule

PART TIME/REDUCED SCHEDULE – hours and/or days you will NOT work _____

☐ **INTERMITTENT** – off work as needed

REASON FOR LEAVE (choose one)

Employee's Serious Health Condition [FMLA Required form WH-380-E](#)

Family Member's Serious Health Condition [FMLA Required form WH-380-F](#)

Name/Relationship of Family Member : _____

Maternity/Paternity Leave [FMLA Required form WH-380-E](#)

☐ **Parental/Child-Care**

Adoption Leave (may combine with Maternity/Paternity Leave) [District Required documentation](#)

Military Leave / Qualifying Exigency (self) Provide copy of Military Orders, **or**
Family Member [FMLA Required form WH-384](#)

Military Leave / Caregiver Leave [FMLA Required form Servicemember WH-385, or](#)
[Veteran WH-385-V](#)

Student Teaching/Internship Leave [District Required documentation](#)

Personal Leave [District Required documentation](#)

MEDICAL DOCUMENTATION POLICY

All certification forms must be completed by the medical professional making the recommendation for leave and sent to the confidential benefits fax at 425-385-4135 or benefits@everettsd.org by the medical provider or their office. Certification forms received from any source other than through the treating medical professional or their office may be returned to you for direct resubmission.

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TYPE OF LEAVE YOU WANT TO ACCESS (check all that apply)

While you are on a Leave of Absence through the school district, you need to tell us how you want your absences from work to be recorded, as paid or unpaid. If requesting district payment, your personal accrued sick, personal, or vacation time will be applied based on your selection. Every effort will be made to apply your earned leave according to your request, however the Payroll and Benefits office maintains the final determination on how your leave balances will be applied.

Paid Leave Options:

☐ Sick Leave☐ Vacation☐ Personal Leave☐ Birth/Adoption Days
(EEA Only)☐ Shared Leave

(Requires Separate Application and Medical Documentation)

Reserve Days _____

Unpaid Leave Options:

☐ Leave without Pay☐ Paid Family Medical Leave ([PFML](#))*

**I have applied for Washington Paid Family Medical Leave
for the period of _____ thru _____**

FMLA vs. PFML

FMLA, is the Family Medical Leave Act (FMLA), and is your federal protection of your wage, job, and benefits 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.

PFML, is the Employment Security Department Washington Paid Family and Medical Leave (PFML). This program is administered **entirely** by the State of Washington and is not managed through the leave process with the district. 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>

***If you have applied for the state PFML, you will not be paid through the district and will be paid only through the state for the same dates. You will not receive Department of Retirement (DRS) service credits for the unpaid days and may not meet the qualifications for continued benefits.**

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 work days in the contract year.

EEA Members Only	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.	
	<input type="checkbox"/> Yes , I WISH for the remaining compensation of my contract to be pro-rated over the balance of the contract year.	<input type="checkbox"/> No , I DO NOT WISH for the remaining compensation of my contract to be prorated over the balance of the contract year and elect for a single lump-sum payment.

Are there other details we should know about? _____

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Initials below

	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 <i>does not</i> constitute approval of this leave of absence;
	for full time leaves of absence, during the dates of my leave, I will not submit work hours nor participate in district in-person or remote professional development unless I obtain prior approval from the benefits office;
	I am expected to return fully to my contracted position responsibilities on the Return to Work Date listed above (following any working restrictions in place), and that failure to do so or communicate a change prior to the expected return date is subject to discipline;
	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 prior to the start of my leave request and no later than 15 days upon commencement of 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;
	except in cases specific to parental bonding or adoptive placement, the absence of Department of Labor medical documentation forfeits protections from FMLA;
	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;
	whether you are in a paid status or an unpaid status, if you begin a new contract year in a full time leave status you will not receive any frontload of leave hours; in this case, pro-rated leave will be frontloaded when you return to work;
	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.

My signature below indicates I have read and agree to the above conditions of my leave:

Employee's Signature

Date

SEND ALL PAGES OF COMPLETED FORM TO:

Payroll and Benefits Department
Email: benefits@everettsd.org

Phone: 425.385.4115
Confidential Fax: 425.385.4135

Section Below to be Completed by Payroll and Benefits Administrator

☐ **APPROVED**

☐ **DENIED**

Payroll and Benefits Authorization

Date

Notes: