

Everett Public Schools
Leave Request Form

Employee Name: _____ Position _____ School/Dept _____

Original Request [] Revised Request []

I request authorization to be absent from work for the following period:

_____ through _____ for a _____ full time leave OR _____ part time leave.

_____ day(s) with pay _____ day(s) without pay

Below please indicate the type of leave:

_____ Adoption of Child

_____ Sabbatical

_____ Birth of Child/Maternity *

_____ Professional

_____ Child Care

_____ Other (Specify below)

_____ Disability/Medical *

****Maternity and/or Medical leaves require a Physician's Certification Form***

Additional comments or explanation: _____

Shared Leave Pool Request

I am requesting _____ days from the shared leave pool for a serious medical condition.

I have read and understand the criteria for the Shared Leave Program which will be used to determine my eligibility to participate in the Leave Share Program

[] Approved for _____ day(s) [] Denied

Substitute Information (if applicable):

I have arranged for a substitute for my absence. The Job Number is _____. I understand that if the leave dates are changed, it is my responsibility to ensure there is coverage for my absence.

I understand that this leave request is subject to the terms and conditions of my collective bargaining agreement and/or Board Policy. I also understand that the Human Resources Department determines final approval and any revision to an **approved** leave **requires** the completion of a revised Leave Request form.

Employee Signature: _____ Date: _____

☐ Recommend ☐ Not Recommend

Supervisor/Principal Signature Date

☐ Approved ☐ Denied

Human Resources Date

Distribution	Human Resources Leave File (Original)	HR/Records Nancy/Lora	HR/Sub Desk Elly	Payroll Vickie	Principal / Supervisor	Employee
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