



Human Resources Department REQUEST FOR LEAVE OF ABSENCE

TO BE SUBMITTED PRIOR TO ABSENCE

Benefits Office: 425.385.4116

Confidential Benefits Fax: 425.385.4135

benefits@everettsd.org

**Required for absences of five or more working days (except approved vacation)
Required for all leave without pay regardless of number of work days**

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

WORK LOCATION: _____ **POSITION:** _____

I request a leave of absence for the period of _____ through _____
Expected first day of leave *Expected last day of leave*

I am requesting a ☐ full-time ☐ part-time _____ or ☐ intermittent (hours/days as needed)
List leave hours per day or FTE

Reason for this request: (mark all that apply)

☐ Medical ☐ Self or ☐ Family Member _____
Please list family member and relationship

Medical documentation required for medical leave of absence for either employee or family member

☐ Maternity ☐ Paternity ☐ Adoption ☐ Parental/Childcare

Medical documentation required for maternity leave; Copy of adoption paperwork required for adoption leave

☐ Military – State reason: _____
Copy of military orders required for active duty -- medical documentation required if leave for injured or ill family member

☐ Personal ☐ Other- state specifics: _____

I request to use the following during this leave of absence (if applicable and available):

- ☐ Sick Leave ☐ Personal Leave ☐ Shared Leave (must submit separate application for shared leave)
☐ Vacation Leave ☐ Leave Without Pay
☐ WA Paid Family & Medical Leave (must apply directly to state for WPFML, district pay ceases while receiving WPFML)
☐ Birth/adoption of a Child Days *(EEA Only)*

Please note: applicable leave will be deducted as needed per collective bargaining agreements and/or Board/District policy

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, if applicable;
☐ reporting these absences in the employee absence reporting system *does not* constitute approval of this leave of absence and that this request for leave of absence is subject to the terms and conditions of my collective bargaining agreement and/or Board/District policy;
☐ Human Resources will determine final approval of this request;
☐ I must provide appropriate medical documentation as required 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.

Employee's Signature

Date

Human Resources

Date

☐ **APPROVED**

☐ **DENIED**