



Payroll & Benefits

**REQUEST FOR CHANGE TO PREVIOUSLY APPROVED LEAVE OF ABSENCE
TO BE SUBMITTED PRIOR TO ABSENCE**

Benefits Office: 425.385.4115

Confidential Benefits Fax: 425.385.4135

benefits@everettsd.org

**Required for any change to previously approved leave of absences over 5 working days (except approved vacation)
COPY OF ORIGINAL LEAVE REQUEST MUST BE ATTACHED**

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

WORK LOCATION: _____ **POSITION:** _____

A. Change request for leave of absence dates from _____ through _____ to _____ through _____

B. Reason for Change (if any)

1. Select time off previously requested (if any)

☐ **Full-time** (your entire regular schedule) or

☐ **Part-time** (a partial portion of your regular schedule) **List**
leave hours per day _____

☐ **Intermittent** (hours/days as needed occasionally)

2. Select change in time off now requesting (if any)

☐ **Full-time** (your entire regular schedule) or

☐ **Part-time** (a partial portion of your regular schedule) **List**
leave hours per day _____

☐ **Intermittent** (hours/days as needed occasionally)

3. Select Pay Options requested for original leave of absence

☐ Sick Leave

☐ Personal Leave

☐ Vacation

☐ Leave without Pay

☐ Birth / Adoption of Child (EEA only)

☐ Shared Leave

☐ Washington Paid Family Medical Leave (PFML)/LWOP: Dates

Requested: from _____ to _____

4. Select Change in Pay Options now being requested

☐ Sick Leave

☐ Personal Leave

☐ Vacation

☐ Leave without Pay

☐ Birth / Adoption of Child (EEA only) ☐ Shared Leave

☐ Washington Paid Family Medical Leave (PFML)/LWOP: Dates

Requesting _____ to _____

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 & Benefits office 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;
- if you are no longer in a paid status, we will be required to pay off your assignment;
- 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 & Benefits

Date

☐ **APPROVED** ☐ **DENIED**