

# REQUEST TO CHANGE PREVIOUSLY APPROVED LEAVE OF ABSENCE

Payroll and Benefits Department  
Email: [benefits@everett.org](mailto: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
LEAVE BEGIN DATE: _____
RETURN TO WORK DATE: _____
<input type="checkbox"/> <b>Full Time</b> (your entire work schedule) or
<input type="checkbox"/> <b>Part Time</b> (hour/days you will NOT work) <i>List leave hours per day</i> _____
<input type="checkbox"/> <b>Intermittent</b> (hours/days as needed occasionally)

REVISED REQUEST
LEAVE BEGIN DATE: _____
RETURN TO WORK DATE: _____
<input type="checkbox"/> <b>Full Time</b> (your entire work schedule) or
<input type="checkbox"/> <b>Part Time</b> (hours/days you will NOT work) <i>List leave hours per day</i> _____
<input type="checkbox"/> <b>Intermittent</b> (hours/days as needed occasionally)

PAID OR UNPAID LEAVE OPTIONS REQUESTED
<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave
<input type="checkbox"/> Vacation <input type="checkbox"/> Shared Leave _____ reserve days
<input type="checkbox"/> Birth/Adoption Days (EEA only)
<input type="checkbox"/> Leave Without Pay
<input type="checkbox"/> Washington Paid Family Medical Leave (PFML): → PFML from _____ to _____

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<input type="checkbox"/> 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:**