Human Resources

Northshore
School District

3330 Monte Villa Parkway
Bothell, WA 98021-8972
Phone: (425) 408-7604
Secure Fax: 1-866-404-1841

LEAVE OF ABSENCE APPLICATION

EMPLOYEE INFORMATION: ☐ **Certificated Employee**   ☐ **Classified Employee**

Name: _____   Employee ID #: _____   Home/Cell #: _____

Work Location: _____ Job Title: _____ Supervisor Name: _____

Start Date of Leave: _____   Anticipated Date of Return to Work: _____

TYPE OF LEAVE

Is this a short term UNPAID leave request for 10 work days or less? *Complete Section A*.
Is this a long term leave utilizing your accrued leave balances for more than 10 work days? *Complete Section B*.
Is this a long term UNPAID leave for more than 10 work days? *Complete Section C*.

SECTION A - REASON FOR SHORT TERM UNPAID LEAVE (10 work days or less)

How many Full Days: _____   Partial/Half Days: _____

Reason: _____

SECTION B - REASON FOR LONG TERM LEAVE (more than 10 work days)

☐   Medical Leave   Employee's Own Serious Condition
   (Healthcare provider certification/documentation required)   *Click Here* to complete the required form.

☐   Care for a Parent, Spouse, Domestic Partner or Child with a serious medical condition

   Family Member: ☐ Parent ☐ Spouse   ☐ Child: age: _____   ☐ other: _____
   (Healthcare provider certification/documentation required)   *Click Here* to complete the required form.

☐   Childbirth/Adoption/Placement of a child: Anticipated DOB or placement: _____
   (Healthcare provider certification/documentation required)   *Click Here* to complete the required form.

**   Will you be applying for WA State Paid Family Medical Leave (PFML)? Yes__   No __   **

☐   Emergency Leave

   ☐   Serious, unavoidable situation that is not merely for the employee's convenience *(attach explanation)*

   ☐   Employee or family member who is a victim of domestic violence/sexual assault or stalking *(reasonable leave may be taken to respond to physical or mental injuries, court proceedings or safety concerns that require legal protection.)*

☐   Military Leave or Family Medical Military Leave (*contact Human Resources for more information*)

SECTION C – REASON FOR LONG TERM UNPAID LEAVE (more than 10 work days)
   (*Refer to the employees respective Collective Bargaining Agreement for details and eligibility*)

Reason: _____

Employee _____   **Date** _____

Supervisor _____   **Date** _____   ☐ Approved ☐ Denied

Human Resources _____   **Date** _____   ☐ Approved ☐ Denied