Extended Leave Request Form

for any of the following:

Family/Medical Leave, Child Care Leave, Service Member/Veteran Caregiver Leave, Exigency Leave, Military Spouse Leave, Military Leave, Domestic Violence Leave, and State of Emergency Leave

Employee: Please complete (consult HR for assistance)		
Employee:		Work Location:
Employee Type: ☐ Administrator ☐ Confidential ☐ Early Learning ☐ AFT ☐ REA ☐ RPTA ☐ RESP ☐ SEIU		
Home Mailing Address:		City State Zip
Home Phone Number:	Personal email address:	Does your spouse also work at RSD?

Please check reason(s) for leave of absence: Additional Certification Documentation will be required to support leave request.	
☐ Own health condition (not work related) ☐ Pregnancy disability ☐ Bonding or adoption/placement ☐ Care for parent/spouse/child w/serious health condition ☐ Child Care - child's school or place of care has been closed for any health-related reason by order of a public official.	☐ Leave for domestic violence, sexual assault or stalking ☐ Military leave ☐ Service member/veteran caregiver leave ☐ Exigency leave due to family members call to duty ☐ State of emergency leave ☐ Other:
Request Start Date:	Anticipated Return to Work Date:
Intermittent or reduced work schedule (describe):	
Do you wish to use paid time off (sick or vacation) while on approved leave? ☐ Yes ☐ No: If yes, how many hours? Do you plan to apply for WA state Paid Family/Medical Leave (PFML)? ☐ Yes ☐ No: If yes, start date of PFML benefits:	
The FML Act permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML/Medical leave due to your own serious health condition or to care for a covered family member with a serious healthcondition. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.	
In requesting leave, I understand that if my request for leave is incomplete or insufficient, HR will give me 7 days to provide the requested information. I also understand and release appropriate HR professionals (i.e. official HR personnel only – not my supervisor or department management) to contact my HCP to authenticate (confirm signature) or clarify the information provided (understand handwriting or meaning of response). If I refuse to provide this release, I understand that RSD can deny my request for leave. **Employee's Signature:** **Date:**	