



Human Resources

300 Southwest Seventh Street | Renton, WA 98057-2307
425.204.2300 (phone) | 425.204.2416 (fax)
www.rentonschools.us

Initial Request
Extension

REQUEST FOR EXTENDED LEAVE

(NON-MEDICAL LEAVES)

Employee's Name: _____ Date: _____

Work Location(s): _____ Position: _____ Current Hours or FTE: _____

TYPE OF LEAVE:

Family Emergency Judicial Education Child Care Job Share Other

Partial FTE Reduction: Current Contract FTE: _____ Requested Leave FTE: _____

Duration of Leave: Begin Leave Date: _____ End Leave Date: _____

Describe the circumstances of your request to take leave from your assignment:

Employee Signature _____ Date _____

Principal or Supervisor Signature _____ Date _____

Principal/Supervisor signature only indicates acknowledgement and is not an indication of approval. Approval or denial will be sent from Human Resources.

HUMAN RESOURCES WORK AREA

Request Approved

Request Denied

Comments:

Human Resources Administrator Signature _____ Date _____

Date/Reason Staffing Custom Form Profile Board Agenda EMS Resign List Email CC'd