



# Quincy School District Leave Process

## Start Here

Employee will complete "Employee Leave Request" form and the appropriate Certification of Health Care Provider form for their situation: Employee Health Condition form or Family Member Health Condition form.



Employee will submit the Employee Leave Request form to supervisor for signature. Once signed, supervisor will return to employee.



Employee will email Employee Leave Request form to [qsdleave@qsd.wednet.edu](mailto:qsdleave@qsd.wednet.edu)



District will review Employee Leave Request form and either approve or deny request. If request is denied, employee will be notified with reason for denial.



Employee Leave Request form returned to employee for their records.

## End of process

# Leave Request Form

## Quincy School District – Leaves



This form is to be completed and returned to District Office when an extended health leave is necessary. Employees must secure a Certification of Health Care provider statement to submit with this form.

### Employee Information

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

School District Email: \_\_\_\_\_ @qsd.wednet.edu Personal Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ School/Program: \_\_\_\_\_

Principal/Supervisor Name: \_\_\_\_\_

### Leave Request

Leave Start Date: \_\_\_\_\_ Anticipated Return to Work Date: \_\_\_\_\_

#### Requested Leave Time (check all that apply):

- Fulltime Leave (off work all day, every day, for an extended period)
- Part time/Reduced Schedule Leave: Hours/Days I will NOT work: \_\_\_\_\_
- Intermittent Leave (off work as needed)

#### Leave Type (check all that apply):

- Personal serious health condition
- Maternity-related disability
- Military family leave (serious injury or illness of service member)
- Unpaid Personal Leave Beyond Contractual Allotment  
Number of days requesting: \_\_\_\_\_ Please explain: \_\_\_\_\_
- Family member's serious health condition
- Parental leave for parent other than birth mother, or for childcare leave taken by the birth mother after the initial 16 weeks.
- Washington State Paid Family Medical Leave (PFML).  
In addition to a leave from the District, I will be applying for PFML. (To apply, visit [paidleave.wa.gov/apply-now](http://paidleave.wa.gov/apply-now))

Has a similar unpaid leave personal leave extension been granted in the past?  Yes  No

### Leave Coverage

Leave through the school district is paid by using your own available paid leave. If your sick leave balance is exhausted, you may choose to use personal leave or take leave without pay. If you have applied for the Paid Family Medical Leave, you may choose to not be paid through the district and be paid only through the state or a combination of the two.

- I have applied for the Paid Family Medical Leave (PFML). I **DO NOT** want to use any of my district accrued paid leave hours and will be unpaid by the District and only receive the PFML payments. If applicable, I understand this can affect the amount of my summer pay.
- I have applied for the Paid Family Medical Leave (PFML) and I want to supplement my PFML payments. I understand that to supplement, I must report the amount and dates of my PFML payments to Payroll by the 18<sup>th</sup> of each month, or my absences will be recorded as unpaid for the month. If applicable, I understand this can affect the amount of my summer pay, if I am a reduced year employee. I wish to supplement using partial days of my:

- Sick Leave
- Personal Leave
- Vacation

# Leave Request Form



I will not apply for the Paid Family Medical Leave (PFML). In addition to using my sick leave, I authorize the use of my available:

Personal Leave       Vacation

## Employee Leave Notice

Please have your supervisor sign this form before submitting your leave request. Once a decision is made regarding your request, you and your supervisor will be notified.

**Employee Benefits:** Taking a leave-of-absence, in some instance, may cause a termination of your health insurance benefits. If you have questions call Robin Mauro at 787-4571.

**Paycheck and Step/Experience Increase:** A paid leave through the District will draw down your accrued leave balance(s). Depending on the length of an unpaid leave, you may not receive a paycheck until you return to active employment. Additionally, a leave of absence may cause you to not receive a step increase (please refer to your applicable collective bargaining agreement).

**Right to Return:** Your right to return to your position is protected in part when you are FMLA or PFML qualified, and/or per any applicable collective bargaining agreement. Please review your collective bargaining agreement, contact your union representative, and/or review your official leave letter for details concerning your right to return to your position. If approved, a multi-year leave may cause you to be displaced from your position. Be advised, if you do not return to work on or before your right to return date, you may lose your right to your position and/or your employment may be terminated.

## Employee Acknowledgement

I have read the Employee Leave Notice section and understand that my request for leave will be communicated to my supervisor, could cause changes to my employee benefits, my paycheck, prevent me from receiving a step/experience increase, and affect my right to return to my position.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certificate of Health Care Provider Statement:

Attached

Not attached, but will be provided within fifteen calendar days on: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Form Submission

Return page 1 and 2 of the Leave Request Form and the Certification of Health Care provider statement to the District Office (mail, email, or fax):

**Mail:** Quincy School District, Leave Office  
119 J St SW  
Quincy, WA 98848

**Email:** [qsleave@qsd.wednet.edu](mailto:qsleave@qsd.wednet.edu) | **Fax:** 509-787-4336

## District Office Use Only

Payroll Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**       **Denied**      Date: \_\_\_\_\_