

Employee Information

Employee Name: _____ Date of Request _____
 Home/Cell Phone: _____ Personal Email: _____
 Position: _____ School/Program: _____
 Leave Start Date: _____ Anticipated Return to Work Date: _____

Reason for Requesting Leave – See “Employee Leave Information Sheet” for details (check all boxes that apply)

- Maternity/Paternity/Adoption (circle one) Estimated date of childbirth/adoption _____
- Medical/For employee’s own health condition
- Personal/Other (Please check leave type below)
- Family member’s serious health condition Relationship to you: _____
- Yes No Substitute Needed? (Teachers are responsible for booking their own substitute.)

Applicable Leave Usage – See “Employee Leave Information Sheet” for details (check all boxes that apply)

- Sick Leave
- Personal Leave
- Family Illness
- Disability/Maternity
- Birth/Adoption Day
- Military Leave
- Association/District Related
- LWOP (Leave without pay) *Unpaid leave is not deducted the month it is taken. It is realized the month following.*
- WA Paid Family Leave (PFML) *If checked completion of page 2 is required.*
- Emergency
- Bereavement
- Jury Duty and/or Subpoena
- Family Leave (FMLA)
- Government Service / Public Office
- Association Officers
- Other/President Release/Religious

Explanation: _____

Employee Signature: _____ Date _____

Approved/Reviewed Not Approved _____ Date _____
 Supervisor

Approved Not Approved _____ Date _____
 Superintendent/Superintendent’s Designee

Employee Name: _____

Washington State Paid Family & Medical Leave (WA PFML)

Written notice to NKSD is required at least 30 days in advance of the date you expect leave to begin, or as soon as practicable. Requires application to state Employment Security Department at www.paidleave.wa.gov/apply-now. While this leave does not require district approval, the district will need to know the dates you intend to take this leave.

- I have not (or will not) apply for the Washington Paid Family Medical Leave (PFML)
- I have applied (or will apply) for WA PFML. I **DO NOT** want to use any of my district accrued paid leave hours.
I understand that I will not receive any compensation from the district and choose only to receive PFML payments.
- I would like to use available sick leave during my PFML waiting week only
- I have applied (or will apply) for WA PFML and I **DO want** to supplement my PFML payments. ***I understand that to supplement, I must report the dates I submitted to the ESD for PFML benefits to LeaveRequests@nkschools.org by the 10th of each following month, or my absences will be recorded as unpaid for the month.*** If applicable, I also understand this can affect the amount of my pay. I wish to supplement using full days of my: Sick Leave Personal Leave

Anticipated dates I plan to use WA PFML: From _____ to _____

Initial each of the following to confirm your understanding:

____ I understand that I will **not receive retirement credits** while receiving wage replacement under the Paid Family and Medical Leave Program. This applies even when supplementing with NKSD accrued leave. However, I will have the opportunity to purchase back any lost credit from DRS by requesting a bill for the Authorized Leave of Absence credit.

____ I understand that my benefits will be maintained if I am in paid status with NKSD or if I am FMLA or PFML qualified. If I take unpaid time off that is not qualified, my benefits will end. Continued benefits are available through COBRA.

____ I understand that if I am responsible for paying part of my health insurance premium while qualified, I will continue to pay my share. If my contribution is more than 30 days late, the district will no longer make its contribution. In some circumstances, if I fail to return to work after taking unpaid FMLA/PFML leave I may be liable for the employee's portion of health premiums.

____ I understand that my pay will be recalculated upon my return to work to account for any period of LWOP or unpaid leave while on PFML, and this may impact my pay for the remainder of the contract year.

____ I understand the time I take LWOP or receive PFML will not be credited to my experience and may affect my step placement.

____ I understand that it is my responsibility to notify the district on the specific dates I will be taking PFML. I will give timely notice with any changes and will report the dates I submitted to the ESD for PFML benefits to: LeaveRequests@nkschools.org by the 10th of each following month.

Employee Acknowledgement

I have read the above Leave and Washington PFML information 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: _____

Employee Leave Information

Sometimes, circumstances arise that require employees to seek a leave of absence from their position. If you will need to take a leave for 5 days or more, please follow the instructions below:

1. Alert your supervisor and notify HR at LeaveRequests@nkschools.org or 360-396-3043 as early as possible prior to your absence.
2. Fill out a Leave Request Form and obtain your supervisor's signature on it.
3. For extended medical leaves, employees must secure a Health Care provider statement.
4. Once signed by you and your supervisor, please send pages 1 and 2 to Human Resources at LeaveRequests@nkschools.org. Next the HR Director will review and approve or deny your request.
5. Once approved, please work with our Substitute Coordinator, Liz Campbell, to ensure you have coverage for your time away.

Please refer to your specific collective bargaining agreement and District policies for further information regarding the use of paid and unpaid leave.

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, vacation (if applicable), or take leave without pay (LWOP) if approved. Extended leaves are taken in units of half or full days only. In addition, you may qualify to apply for shared leave.

Employee Benefits: Taking a leave-of-absence, in some instances, may cause a termination of your health insurance benefits. Your benefits will be maintained while on FMLA and/or WA PFML covered leave. If you are responsible for paying part of your health insurance premium, confirm how you will continue to pay your share with our payroll team.

Paycheck and Step/Experience Increase: A paid leave through the district will draw down your accrued leave balances(s). Depending on the length of an unpaid leave, you may not receive a paycheck until your 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).

Pro-rated Leave: If your assignment or contract is ended early, your leave will be pro-rated accordingly.

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 or contact your union representative. Be advised, in certain circumstances, 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.

FMLA: Federal Family and Medical Leave Act that entitles qualifying employees up to 12 weeks of unpaid, job-protected leave per year. FMLA also ensures that an employee retains their health benefits during their leave. Employees are eligible for FMLA if they've worked for the district for at least 12 months and 1250 hours within the 12 months period prior to requesting leave. FMLA can run concurrently with PFML since many PFML events also qualify for FMLA, or you could use FMLA first and then apply for PFML.

PFML: Washington Paid Family and Medical Leave is available to qualifying Washington state employees who have worked in the state for at least one year and 820 or more hours in the qualifying period. Eligible employees may be entitled up to 12 weeks of paid family or medical leave, or up to 16 weeks of leave when family and medical leave are used in combination. Approval for PFML is managed and approved by the Employment Security Department. Employees must provide the district with at least a thirty-day notice before the date you expect your leave to begin, or as soon as practicable. The district will need to know the dates you intend on taking this leave. If you have applied for the Paid Family

Medical Leave, you may choose to not be paid through the district (LWOP) and be paid only through the state, or a combination of the two. You will not receive retirement credit or certificated experience credit while taking PFML. Apply at:

www.paidleave.wa.gov/apply-now

COBRA Continuation Coverage: Employees who are not eligible to remain on benefits can enroll in COBRA Continuation Coverage. Continuation Coverage enrollment is managed by the Washington State Healthcare Authority (HCA). Upon the end of your benefits, the HCA will send qualifying employees a Continuation Coverage enrollment packet.

Sick Leave: Requires a letter from your medical provider for extended sick leave of more than 5 days. Attach to your leave request or provide within 15 calendar days.

Family Illness Leave: Requires a letter from your family member's medical provider for extended sick leave of more than 5 days. *Requires explanation and Supervisor's approval.*

Personal Leave: May be used for any absence. If taken during the first 5 days or last 5 days of the school year, an explanation is needed in addition to Supervisor and Superintendent/Designee approval. Otherwise, Approval of Supervisor and no explanation needed.

LWOP: Leave without pay can be used when you do not have enough sick and/or personal leave to cover your leave request. You will not accrue experience or retirement credit while on unpaid leave. Must obtain prior approval. Will be approved or denied on a case-by-case basis. *Requires explanation, Supervisor's approval, and Superintendent/Designee approval.*

Donated/Shared Sick Leave: Employees are eligible to receive donated leave if they meet the required criteria. Requires an additional form and medical providers documentation. *Requires explanation, Supervisor's approval, and Superintendent/Designee approval.*

Disability/Maternity Leave: *Requires explanation, Supervisor's approval, and Superintendent/Designee approval.*

Emergency Leave (Deducted from Sick Leave): Urgent, unforeseen occurrence. *Requires explanation, Supervisor's approval.*

Jury Duty or Involvement in a Trial: Please attach a copy of summons or subpoena. *Requires explanation and Supervisor's approval.*

Birth / Adoption Day: One day paid on the date of birth or adoption. *Requires explanation and Supervisor's approval.*

Military Leave: *Requires explanation, Supervisor's approval, and Superintendent/Designee approval.*

Vacation Leave: This applies to employees who work a full year. If you are an employee only during the school year, you do not have access to this leave. *Requires explanation and Supervisor's approval.*

Other Leave: (District Related, Association, President Release, Assault, etc.) Please refer to your specific collective bargaining agreement. Employees may request up to two unpaid holidays for a reason of faith or conscience. See Policy 5409 for request and approval process. *Requires explanation, Supervisor's approval, and Superintendent/Designee approval.*

Questions? Contact your Human Resources Leave & Benefit Specialist at: LeaveRequests@nkschool.org

Phone: 360-396-3043

FAX: 360-396-3935