

Request for Extended Leave of Absence



Employee Requesting Leave

Name (please print):

Position(s):

Work Location(s):

Duration of Leave (Dates): From:

To:

Reason for Leave of Absence:

Request is for: Full-time Part-time (*list hours*): OR Intermittent (*hours/days as needed*)

Do you currently have a Co-Curricular or Extra Curricular Assignment?

(includes coaching contracts, mentor stipends, class size triggers, after school clubs)

Yes

No

Part 1 - Type of Leave Being Requested

Please check the appropriate box below. *Medical and Maternity Leaves must be accompanied by a note from a healthcare provider.

Medical/Sick Leave*

Self

Family member (*list name and relationship*):

Maternity/Childcare: Leave extensions need to be communicated to HR 30 days prior to your return date.

Maternity (*list due date*):

Paternity

Adoption

Extended Childcare

L&I/Workers Compensation Injury: Lake Stevens SD is WA State insured for L&I (not self-insured). Please turn in all Activity Prescription Forms from your healthcare provider within 24 hours of each doctor's visit until released to full duty. This leave does not qualify for WA Paid Family Medical Leave.

Military Leave: Must include appropriate military documentation to qualify for paid leave.

Personal Leave of Absence (unpaid): Please include a written explanation. This leave does not qualify for WA Paid Family Medical Leave.

Part 2 - WPFML (please select only one of these scenarios):

I intend to apply for Washington Paid Family Medical Leave.

Yes

No

I wish to use my district paid leave first, then apply for WPFML. See Part 3 for important information.

District Paid Leave

Start Date:

End Date:

District Unpaid Paid Leave

Start Date:

End Date:

I wish to stop my contract/work agreement to use WPFML.

I wish to stop my contract/work agreement to use WPFML first, then utilize any remaining district paid leave I have available.

District Paid Leave

Start Date:

End Date:

District Unpaid Paid Leave

Start Date:

End Date:

I wish use my available district leave only.

Part 3 - WPFML Information

WA Paid Family Medical Leave

(visit paidleave.wa.gov for more information)

Effective January 1, 2020 the WA Paid Family and Medical Leave (WPFML) went into effect for most employees in Washington State. Paid Family and Medical Leave is a benefit for most employees working in Washington State. It provides paid time off when workers need it most, to recover from a serious illness, take care of a new baby, care for an ailing/elderly family member or spend time with a family member on leave from the military.

Should an employee opt to be paid by the school district using their available paid leave (sick/personal/vacation) while receiving pay under the WPFML, employees may be required to report that to WPFML. WPFML will reduce their benefits by the amount of paid leave the employee receives from their employer. Employees may choose to have their contract or work agreement pay stopped while utilizing WPFML and save their sick leave for use in the future to avoid having a reduction to their WPFML entitlement. Please ensure you have completed Part 2 on the upper portion of this form so Human Resources/Payroll can make the necessary pay adjustments to allow you to take full advantage of WPFML benefits.

Part 4 - I understand that:

- Use of Washington Paid Family and Medical Leave (WPFML) and district paid leave at the same time could conflict with WPFML guidelines.
- While on an approved medical leave I need to communicate with the school district as to the type of leave I am using and in what order.
- It is my responsibility to timely enter my absences into the appropriate absence tracking system, Absence Management/Frontline or Skyward. *This includes WPFML time off.*
- This request is subject to the terms and conditions of my collective bargaining agreement and board/district policy.
- I must provide appropriate medical documentations including updates to extend or return from my leave.
- Benefits eligibility status may be impacted by a leave of absence.

Part 5 - Signature/Authorization

Employee Signature:

Date:

HR/Payroll Use Only:	Leave approved	Leave denied
Executive Director of HR Signature:	Date:	