



Northshore  
School District

## Human Resources

3330 Monte Villa Parkway  
Bothell, WA 98021-8972  
Phone: (425) 408-7604  
Secure Fax: 425-408-7625

# LEAVE OF ABSENCE APPLICATION

**EMPLOYEE INFORMATION:**     **Certificated Employee**                       **Classified Employee**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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

### TYPE OF LEAVE

Is this a short term UNPAID leave request for 10 work days or less? **Complete Section A.**

Is this a long term leave utilizing your accrued leave balances for more than 10 work days? **Complete Section B.**

Is this a long term UNPAID leave for more than 10 work days? **Complete Section C.**

### **SECTION A - REASON FOR SHORT TERM UNPAID LEAVE (10 work days or less)**

How many Full Days: \_\_\_\_\_ Partial/Half Days: \_\_\_\_\_

Reason: \_\_\_\_\_

### **SECTION B - REASON FOR LONG TERM LEAVE (more than 10 work days)**

Medical Leave Employee's Own Serious Condition  
(Healthcare provider certification/documentation required) [Click Here](#) to complete the required form.

Care for a Parent, Spouse, Domestic Partner or Child with a serious medical condition  
Family Member:     Parent     Spouse     Child: age: \_\_\_\_\_     other: \_\_\_\_\_  
(Healthcare provider certification/documentation required) [Click Here](#) to complete the required form.

Childbirth/Adoption/Placement of a child: Anticipated DOB or placement: \_\_\_\_\_  
(Healthcare provider certification/documentation required) [Click Here](#) to complete the required form.

\*\* Will you be applying for WA State Paid Family Medical Leave (PFML)? Yes\_\_ No\_\_ \*\*

- Emergency Leave
- Serious, unavoidable situation that is not merely for the employee's convenience (*attach explanation*)
  - Employee or family member who is a victim of domestic violence/sexual assault or stalking (*reasonable leave may be taken to respond to physical or mental injuries, court proceedings or safety concerns that require legal protection.*)
- Military Leave or Family Medical Military Leave (*contact Human Resources for more information*)

### **SECTION C – REASON FOR LONG TERM UNPAID LEAVE (more than 10 work days)**

(Refer to the employees respective Collective Bargaining Agreement for details and eligibility)

Reason: \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied

Human Resources \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied