



## Request for Maternity/Parental Leave

### EMPLOYEE INFORMATION

<b>Employee Name: (First, Last)</b>	
<b>Job Title/ Building or Department:</b>	<b>Telephone Number:</b>  <input type="checkbox"/> HOME <input type="checkbox"/> CELL
<b>Preferred Email while on leave:</b>	<b>Supervisor Name:</b>

### REASON FOR LEAVE

Maternity Leave (Birth Mother, bond with baby time)  
 Parental Leave (Parent other than Birth Mother, bond with child time)  
 Adoption, Foster or Legal Custody (Parent bond with child time)

*In support of my Leave Request, I will provide the enclosed documentation within 7 days of the event:*

A medical certification or doctor's note to start my maternity leave prior to birth due to a medical condition.  
 Documentation of baby's birth and estimated recovery (see enclosed birth documentation form)  
 Copy of Adoption or Foster Care legal documentation with custody date included.

### LEAVE SPECIFICS

Anticipated Delivery Date \_\_\_\_\_ Anticipated Return to Work Date \_\_\_\_\_

If leave is needed to be taken prior to delivery date, indicate the date in which leave is to begin \_\_\_\_\_

If using FMLA: Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*\*Fill out FMLA section*

If using PFML (6-8 weeks Medical): Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*\*Fill out PFML Section*

If using PFML (the difference between medical period and 16 weeks baby bonding): Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*\*Fill out PFML Section*

## PAID FAMILY MEDICAL LEAVE (PFML)

If using PFML, please select from one of the options while you wait for approval from PFML:

- OPTION A:** I want the district to charge my sick and personal leave. Once approved, my pay with the district will be turned off and will not be turned back on until I return from my leave. I understand the sick and personal leave that is used will not be reinstated to me.
- OPTION B:** I want the district to turn my pay off at the start of my leave and it will not be turned on until I return from my leave. If PFML is denied, then my sick and personal leave will be assessed by the district for the previous dates.

Are you intending to use available paid leave to Supplement your pay while on PFML?

\*\*\*Please keep in mind if you are a CERTIFICATED employee, while you are on PFML and **NOT Supplementing**, you will not be accruing any experience.\*\*\*

NO, do **NOT** apply my accrued leaves.

Yes, please apply the following accrued leaves as a supplemental compensation benefit:

- Sick Leave                       Personal Leave                       Family Illness                       Comp Time  
 Vacation                               Leave Share

**For the district to correctly supplement your paid leaves you will need to provide the following:**

1. Weekly benefit award letter documentation from employment security department
2. Weekly screenshot of deposit by ESD, must include the date deposited and the amount.

Please initial below:

\_\_\_\_\_ I understand that my contract pay will be turned off while on this entitlement.

\_\_\_\_\_ I understand that my pay will be re-calculated upon my return to work to account for the period of unpaid leave while on PFML and this may impact my pay for the remainder of the contract year.

\_\_\_\_\_ I understand that it is my responsibility to give timely notice when there are changes with my PFML

## FAMILY MEDICAL LEAVE ACT (FMLA)

You may elect to use all available accrued leave while on an approved Maternity or Parental Leave. At this time, I am requesting the following leave be applied during my requested leave dates. Please check all that apply:

- Sick Leave                       Personal Leave                       Family Illness                       Comp Time  
 Vacation                               Leave Share

I would like to be considered for Leave Share should there be a need.

**\*Please note:** If you have selected the Leave Share box and become approved, you may request to reserve 40 hours of sick leave while on a Maternity/Parental Leave. By checking the box below, I understand that all available accrued leave will apply before a Leave Share request will be considered. If the box below is **NOT** checked, I am authorizing the use of all paid leave available until it is exhausted and understand the impact of my elections.

Please reserve 40 hours of sick leave if/when I am approved for Leave Share

Employee Signature:

Date:

\_\_\_\_\_

*Please send your request to 30 days prior to your anticipated leave. **This request may serve as official 30-day employer notice for WA State Paid Family and Medical Leave.** This request may be sent via courier mail to Krista McBride, Human Resources Department or emailed to [Leaves@puyallupsd.org](mailto:Leaves@puyallupsd.org)*