

Puyallup School District Leave of Absence Request Form

Human Resources - PO Box 370, Puyallup, WA 98371

Phone: 253-435-2833 Fax: 253-841-8650 Email: Leaves@puyallupsd.org

- Classified Certificated
- Initial Request Extension of Leave

Please consult with specific collective bargaining agreements and District policies for further information regarding the use of paid and unpaid leave.

Employee Name (Last, First, MI)	Work Location	Supervisor's Name	Work Phone	Today's Date
Home E-mail address	Current Position/Work Assignment(s)		Primary Phone	Employee #

Dates of Requested Leave:

Beginning Date: _____ Expected Return to Work Date: _____

I am requesting a: Full Leave of Absence Partial Leave of Absence _____ (number of hours/FTE you are requesting to be on leave) _____ (your current number of daily work hours/FTE)

Type of Requested Leave:

- FMLA/Medical Leave:** FMLA documentation is required in support. Please provide medical documentation with this request. If your leave request is found eligible under FMLA guidelines, further documentation and processing will be required.

Please use my following paid leave entitlements while I am on FMLA leave:

- Sick Leave Vacation Comp Time
- Personal Leave

Please note: Your return to work is contingent upon medical clearance and your ability to perform the essential job functions of your position, with or without accommodations.

- Military Leave:** Please provide official orders with this request.

- PFML:** Beginning Date: _____ Expected Return to Work Date: _____

Please note: This is a paid entitlement that does NOT provide job/position or benefit protection and all decisions regarding eligibility, compensation and timelines are solely administered by the Employment Security Department. Please go to <https://paidleave.wa.gov/> to apply. If eligible for FMLA, it will run concurrently with PFML to provide job/position and benefit protection.

- Yes, I would like my accrued leave hours to be supplemented.

**I understand I must provide the weekly benefit award letter and submit proof of deposit dates and amounts of all deposits by the 15th of each month, or my absences will be recorded as unpaid.*

- No, I do NOT want to Supplement.

**I understand that I will not receive any compensation from the district. This may impact my medical benefits and job/position protection.*

*****Please keep in mind that CERTIFICATED employees that are on PFML and NOT Supplementing, you will not be accruing any experience.*****

While awaiting approval from the state, you have 2 options,

- 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 dates of your absence.

While on PFML, your pay assignment with the district will be turned off, when you return from your leave, your pay will be turned back on and your monthly pay amount will be recalculated to reflect the change of workdays left in the school year.

Other “General” Leave (paid and/or unpaid):

Specific Reason for Request: _____

Please note: leaves are not generally authorized for employees who accept employment while away from the district, particularly income-bearing work performed during typical work hours assigned to the position from which you are requesting a leave of absence. This also includes work as a substitute, work paid from a timesheet, or work on a stipend such as a coach, etc.

Leave for Student Teaching Beginning Date _____ End Date _____

Please note: A leave for student teaching purposes are semester long.

My signature acknowledges that I understand my requested leave is not considered approved unless authorized by Human Resources. It is my responsibility to work with my principal/supervisor to determine substitute coverage during any short-term absence. I may also be required to reapply for my leave, should I need an extension or circumstances change.

Employee Signature: _____ **Date:** _____

Leave of Absence Request Form Instructions

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

All leaves, with the exception of a medical emergency, must be pre-approved by your immediate supervisor and Human Resources (HR).

How to Complete the Form

1. Check one box (upper left corner): Is this an “Initial” leave request or are you requesting an “Extension” of your current leave?
 2. Check one box (upper right corner): Are you a “Certificated” or “Classified” employee?
 3. Complete all demographic information (please print)
 4. Enter the first date of expected absence and expected date of return
 5. Check one box to indicate the type of leave requested
 6. Submit form and supporting documentation to Krista McBride in Human Resources.
 7. Communicate your leave intentions with your Supervisor.
 8. Email Leaves@puyallupsd.org with any questions.
- Notification of decision from the HR department will be sent to you regarding full/partial or general leave of absence requests.

Additional Information

Medical Leave: Leaves that are medical in nature will require medical documentation. A release from your healthcare provider will be required before returning to work. If there are recommended adjustments to job duties and/or adjustments to working conditions, this information must be submitted to Human Resources **prior** to your return to work.

Military Leave: Submit copies of official military orders.

Other Leave: This category applies to other leave types not listed above, including but not limited to: study, personal leave and/or emergency leave.