



Leave Request Form (5+ Days)

This form is to be completed and returned to Human Resources when an extended leave (5+ days) is being requested. In addition to this form, employees must provide the required documentation associated with the type of leave applied for, as noted in the Leave Type section.

Please contact the following HR Data Specialist with any questions:

Ashley Johnson (Bus, Custodian, Food, Maintenance, Mechanics) at 425-837-7073;

JohnsonA3@Issaquah.wednet.edu.

Michelle Myers (Admin, Office Professionals, Paraprofessionals, Unreps) at 425-837-7180;

MyersM2@Issaquah.wednet.edu.

Employee Name _____

Home Address _____ City _____

State _____ Zip _____ Home/Cell Phone _____ Work Phone _____

School District Email _____@issaquah.wednet.edu Job Title _____

Principal/Supervisor Name _____ Worksite _____

FTE: _____

Days Worked: M _____ T _____ W _____ TH _____ F _____

Hours Worked: M _____ T _____ W _____ TH _____ F _____

Personal Email _____

Leave Request Dates

Leave Start Date _____ Anticipated Return-to-work Date _____

Requested Leave Time

Check all that apply:

- ☐ Full time Leave (off work all day, every day, for an extended period)
- ☐ Part time/Reduced Schedule Leave: Hours/Days I will NOT work: _____
- ☐ Intermittent Leave (off work as needed). Turn in Serious Health Condition WH-380 (see below)

Leave Type

Check all that apply:

Five to 10 days of Leave

- ☐ Illness/Injury/Medical Leave (5-10 days)
 - Required form: Note from Healthcare Professional
- ☐ Emergency Leave (5+days)
 - Required form: Note from you indicating need/purpose for emergency leave
- ☐ Personal Leave (5+days)
 - Required form: Note from you indicating purpose of personal leave >5 days
- ☐ Unpaid Leave
 - Required form: Note from you indicating need/purpose for unpaid leave

If your leave request is for 5-10 days, proceed to "Employee Leave Notice" on page 3. If greater than 10 days, continue here:

Greater than 10 days of Leave (paid or unpaid)

- ☐ Employee's Serious Health Condition
 - Required form: [Employee's Serious Health Condition form WH-380-E](#)
- ☐ Family Member's Serious Health Condition
 - Required form: [Family Member's Serious Health Condition form WH-380-F](#)
- ☐ Maternity Leave
 - Required form: [Employee's Serious Health Condition form WH-380-E](#)
- ☐ Parental Leave
 - Required form: Provide the HR Department with a document that verifies the child's date of birth or date of adoption/foster placement.
- ☐ Unpaid Leave
 - Required form: Note from you indicating need/purpose for unpaid leave
- ☐ Childcare Leave (see your applicable collective bargaining agreement for this option).
- ☐ Military Family Leave - Qualifying Exigency
 - Required form: [Military Family Leave for Qualifying Exigency form WH-384](#)
- ☐ Military Caregiver Leave
 - Required form(s):
 - [Military Caregiver Leave of a Current Servicemember form WH-385](#) or
 - [Military Caregiver Leave of a Veteran form WH-385-V](#)

Leave Coverage

While you are on a Leave of Absence, you need to tell us how you want your absences from work to be recorded, as paid, or unpaid.

Questions Regarding your Leave (Greater than 10 days)

Select the applicable options using the checkboxes next to each question.

1. Are you applying for the Washington State Paid Family Medical Leave (WA-PFML)? Yes ☐ No ☐

If Yes, indicate dates you will be claiming WA-PFML with the State?

From _____ To _____

(To apply, [you will need to create an account](#) and then [follow these application instructions](#).) While collecting WA-PFML, you will not be paid from the District.

- (a). If you are approved by the State for PFML, and if you have a one week waiting period, you will need to use your accrued leave during this week. What type of leave do you want to use?

Sick ☐ Personal ☐ Vacation (if applicable) ☐

- (b). When do you want to begin claiming WA-PFML with the State?

- ☐ As soon as possible
- ☐ After using all accrued leave
- ☐ After using some accrued leave

How many hours do you want to retain?

_____ Sick _____ Personal _____ Vacation (if applicable)

2. To be paid by the ISD, you must use your Sick Leave during your Leave. If your position also earns Personal Leave and/or Vacation, do you also want to use Personal and/or Vacation during your Leave?

Yes ☐ No ☐

- (a). If you marked "Yes" for #2, you authorize the use of available: (Check all that apply)

Personal Leave ☐ Vacation ☐

3. Are you applying for Shared Leave? (For more information and to apply, see the Leave Share Application and return to HR with this form).

Yes ☐ No ☐

NOTE: If you marked "Yes" for #3, you must first use your accrued Sick Leave, Personal Leave and Vacation Leave (if applicable) before using Shared Leave. You can however keep a reserve of up to forty (40) hours of Sick Leave and Vacation Leave (if applicable). See the Leave Share Application for marking this option.

4. Are you an unrepresented salaried employee who chooses your own non-workdays?

Yes ☐ No ☐

- (a). If you marked "Yes" for #4, include with this application an up-to-date copy of your work calendar showing all the workdays you will have completed prior to the start of your leave.

Employee Leave Notice

Upon application for leave, the HR Department will notify your supervisor of your request. Please inform your supervisor in advance of submitting your leave request.

Employee Benefits

Taking a leave-of-absence, in some instances, may cause a termination of your health insurance benefits. If you have questions call the Benefits Helpline at (425) 837-7065.

Paycheck and Step/Experience Increase

A paid leave through the district will draw down your accrued leave balance(s). Depending on the length of an unpaid leave, you may not receive a paycheck until you return to active employment, see [How Unpaid Leave Affects Your Pay](#). An unpaid leave can affect your retirement service credit and accrual of sick/vacation leave. Additionally, a leave of absence may cause you to not receive a step increase (please refer to your applicable collective bargaining agreement).

Return to Work

When returning from any surgery or a medical leave of 10 days or more, you must submit the [Return-to-Work form](#) to your specified HR Data Specialist before your return date for clearance to return.

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 and/or contact your union representative for details concerning your right to return to your position. If approved, a multi-year leave may cause you to be displaced from your position. Be advised, 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.

Employee Acknowledgement

I have read the Employee Leave Notice section and understand that my request for leave will be communicated to my supervisor, could cause changes to my employee benefits, my paycheck, my retirement service credit, my leave accrual, prevent me from receiving a step/experience increase, and affect my right to return to my position.

Employee Signature _____ Date _____
(No electronic signatures accepted)

Required Documentation

Select an option below:

- ☐ Attached
- ☐ Not attached, but will be provided within fifteen calendar days, by: _____

Form Submission

Return all pages of the Leave Request Form and the associated required documentation to the Leave Office (district mail, email, fax, or US mail):

Email: JohnsonA3@Issaquah.wednet.edu
MyersM2@Issaquah.wednet.edu

Fax: 425-837-7064; Attention: Leaves

Mail:
Issaquah School District
HR Leaves
5150 220th Ave SE
Issaquah, WA 98029

Next Steps

Upon receipt of this form, the HR Department Leaves Coordinator will be in contact with you to discuss your request and the details of your unique leave. Please contact the following HR Data Specialists with any questions:

Ashley Johnson (Bus, Custodian, Food, Maintenance, Mechanics) at JohnsonA3@Issaquah.wednet.edu; 425-837-7073
Michelle Myers (Admin, Office Professional, Paraprofessionals, Unreps) at MyersM2@Issaquah.wednet.edu; 425-837-7180

District Leave Regulations

5401: Illness, Injury and Emergency Leave (Sick Leave)
5404: Family Leave
5404P: Family Leave Procedure
5406: Leave Sharing
5406P: Leave Sharing Procedure
5407: Military Leave
5407P: Military Leave Procedure