



SELAH SCHOOL DISTRICT #119

REQUEST FOR LEAVE

**Your eligibility for different types of leave are based upon a number of factors including, but not limited to, your position and corresponding Collectively Bargained Agreement, Memorandum of Understanding, or Memorandum of Agreement. Please refer to your appropriate agreement for leave information related to your position.*

Name

Position

Signature

Date

The following types of leave listed below must be requested through Skyward Employee Access or RedRover, as applicable, rather than using this form.

Refer to the appropriate bargained agreement for leave information related to your position

- | | |
|---|---|
| <ul style="list-style-type: none"> • Pre-Arranged Sick Leave (3 days or less) • Association Leave • Personal/Annual/Emergency Leave • Vacation (If Available) • Professional Development | <ul style="list-style-type: none"> • Non-Contract Day (If Available) • Judicial Leave (Provide Summons to Payroll) • Floating Holiday • Bereavement Leave • Coaching |
|---|---|

I am filling out this form to request a leave for the following reason(s):

- | | |
|--|--|
| ☐ Leave of Absence Without Pay
(3-day Minimum - Up to One Year)
☐ Unpaid Exhausted Leave
☐ Unpaid Holidays of Faith & Conscience Act (2 Days)
☐ Unpaid Contract Time (2 Days Max: SESP Only) | ☐ Adoption Leave
☐ Maternity/Paternity/Child-rearing Leave
☐ Family & Medical Leave Act – FMLA (Contact HR ASAP)
☐ WA Paid Family & Medical Leave – PFML (Contact HR ASAP)
☐ Military Leave |
|--|--|

Date(s): _____

Reason for request: _____

Building Principal or Immediate Supervisor

Date

Payroll

Date

Superintendent or Designee

Date

☐ Request granted ☐ Request denied ☐ Request granted with modification

Specific Family & Medical Leave Request and Information

Please check the box next to the leave(s) you are requesting:

- | | | |
|--|-----------------------------|-----------------|
| ☐ Adoption Leave: | Approximate Due Date: _____ | Initials: _____ |
| ☐ Maternity Leave: | Approximate Due Date: _____ | Initials: _____ |
| ☐ Paternity Leave: | Approximate Due Date: _____ | Initials: _____ |
| ☐ Child-rearing: | Dates Requested: _____ | Initials: _____ |

(See your appropriate bargained agreement for details on Adoption, Maternity, Paternity and Child-rearing.)

- ☐ **FMLA - Family & Medical Leave Act:** Unpaid leave up to 12 weeks. Employee pays their portion of the benefits. Employees may use all available leave, and must use all available leave before entering into unpaid status*. Medical Certification completed by a doctor is required. *Employees that qualify for PFML may choose to enter unpaid status while maintaining leave balances.

Dates Requested: _____ Initials: _____

- ☐ **PFML – WA Paid Family & Medical Leave:** *Eligibility for this leave is determined by the Employment Security Department and you must apply on their website at www.paidleave.wa.gov.* Filling out this form to indicate when you provided the District with notice of your intent to use the Washington State Paid Family and Medical Leave program, as required by the statute. **The Washington Paid Family & Medical Leave program is administered by the Employment Security Department and eligibility/approval is determined by them.**

Dates Requested for Leave: _____ Initial: _____

Date you applied for leave through ESD: _____

- ☐ **Military Family Leave:** Leave for a “qualifying exigency” arising from the foreign deployment of a spouse, son, daughter, or parent with the Armed Forces, or “military caregiver leave.”

Dates Requested: _____ Initials: _____

Please confirm you have completed the action items below, and print/sign your name to complete the form.

- ☐ I have read and understand the applicable adoption/maternity/paternity/child-rearing section of my bargained agreement.
- ☐ I have read and understand the Selah School District policy regarding family/maternity/leave (Policy 5404) and emergency and discretionary leaves (Policy 5403).

Print

Date

Sign

HR - Change of Status required? ☐ Yes ☐ No Date Complete: _____