



Northshore
School District

Applying for Leave to Care for a Family Member

BARGAINING UNITS: NSEA Certificated and ESP
Revised by HR: September 24, 2025

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How to contact the

HUMAN RESOURCES DEPARTMENT



Visit the Northshore School District website for contact information, leave forms, and additional resources: <https://www.nsd.org/our-district/departments/human-resources/current-employees/leave-of-absence>

Human Resources Business Partners (HRBP) are assigned by region. Contact your designated HRBP for assistance:

REGIONAL HUMAN RESOURCES BUSINESS PARTNER

<u>NORTH REGION</u>	<u>SOUTH REGION</u>	<u>EAST REGION</u>	<u>WEST REGION</u>
<p>Daniela Perez Viafara dperezviafara@nsd.org Ext. 6131</p>	<p>Denise Stewart dstewart2@nsd.org Ext. 7608</p>	<p>Shawnacy Smith ssmith@nsd.org Ext. 7609</p>	<p>Dianne Smith dsmith2@nsd.org Ext. 6132</p>
<p>North Creek High School Skyview Middle School Leota Middle School Canyon Creek Elementary Fernwood Elementary Kokanee Elementary Ruby Bridges Elementary Wellington Elementary</p>	<p>Inglemoor High School Kenmore Middle School Northshore Middle School Arrowhead Elementary Kenmore Elementary Lockwood Elementary Moorlands Elementary Woodmoor Elementary</p>	<p>Woodinville High School Timbercrest Middle School Cottage Lake Elementary East Ridge Elementary Hollywood Hill Elementary Sunrise Elementary Woodin Elementary Northshore Learning Options - NN/NFP/NOA</p>	<p>Bothell High School SAS Canyon Park Middle Crystal Springs Elementary Frank Love Elementary Maywood Hills Elementary Shelton View Elementary Westhill Elementary Innovation Lab High School</p>
<p>Grounds Warehouse Maintenance Mechanics Central office ESP/NEOPA Occupational Therapists Physical Therapists</p>	<p>NNRAP/NNRAPAD NASCOED Speech Lang. Pathologists Audiologist Teacher of Visual. Impaired</p>	<p>Transportation Custodians Central office NSEA Cert ATP/ATI Staff Early Childhood Staff Theme Readers</p>	<p>Food Service Psychologists District Music Staff</p>

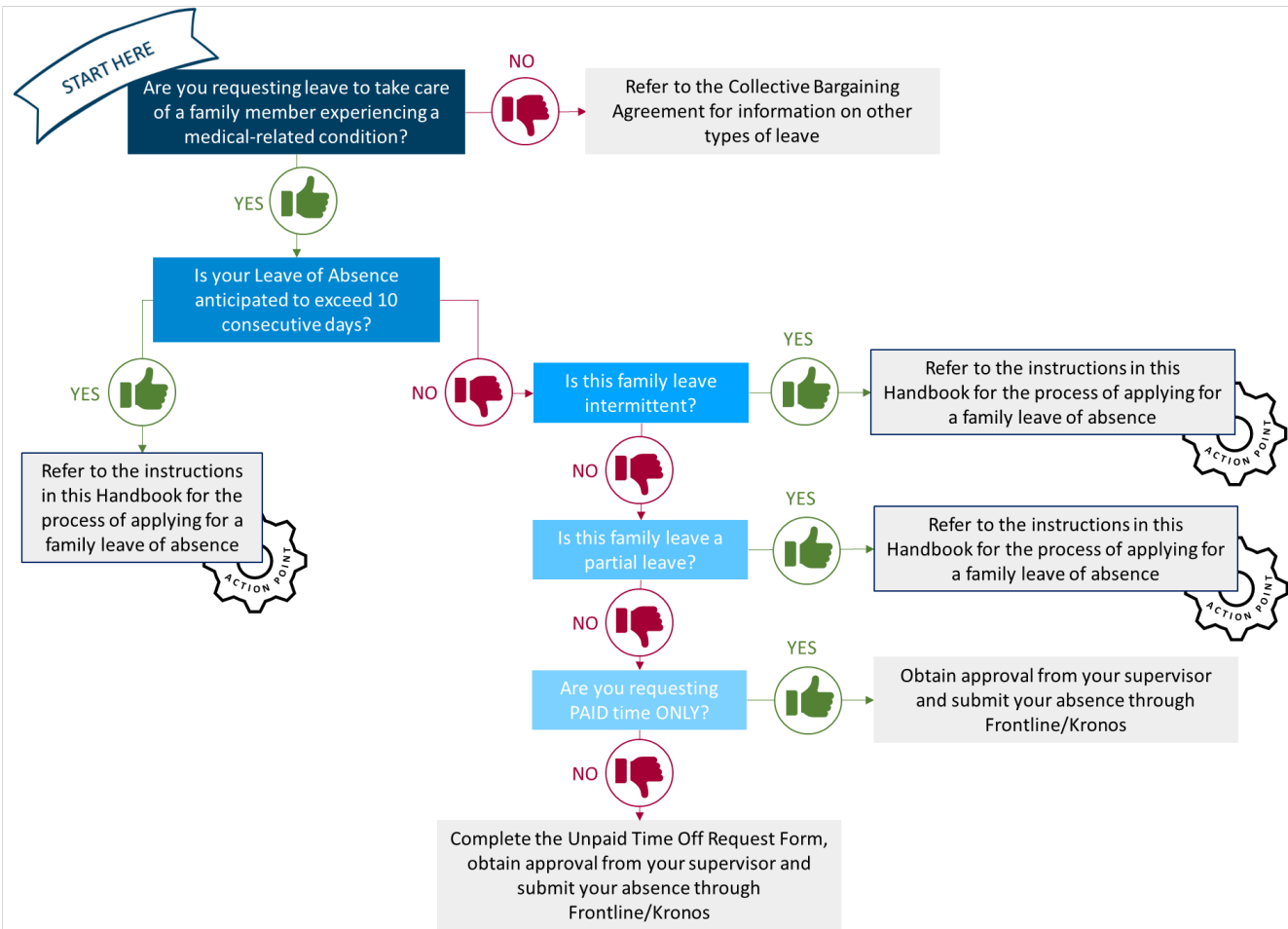
Mailing address:

Northshore School District No. 41, Human Resources Department
3330 Monte Villa Parkway Bothell, WA 98021
Phone: 425-408-7604
Fax: 425-408-7625



Leave of absence:

WHO NEEDS TO APPLY?



An **application for a leave of absence is required** when an employee is taking care of a family member experiencing a medical-related condition and:

1. Anticipates being absent from work for **more than ten (10) consecutive days**.
2. Anticipates being absent from work on an **intermittent basis** (taken in separate blocks of time).
3. The medical provider recommends **partial leave** or a **reduction in working hours**.

An **application for a leave of absence is NOT required** in the following situations:

- You are taking an unpaid absence for 10 days or fewer. In this case, submit an [Unpaid Time Off Request Form](#) and after approval, report your absence in Frontline.
- You are taking a paid absence for 10 days or fewer. Consult your supervisor and submit the absence in Frontline. Supervisor approval is required for non-health-related absences.

If you are a reduced FTE employee, meaning that you are not full-time or 1.0 FTE, please refer to the chart on page 12 for guidance.



Family Medical leave options

NSEA Certificated and ESP Bargaining Groups

1. Sick Leave

It is important to note that sick leave is strictly limited to the circumstances outlined in RCW 49.46.210 and cannot be used for other purposes, such as attending social events or taking a vacation.

If you are on approved medical leave, you may use accrued sick leave and, where applicable, personal or vacation leave.

Per RCW [49.46.210](#) Sick Leave can be used for:

- Medical care for a qualifying family member.

2. Personal Leave

Personal leave is available to employees for any personal matter. This balance may be combined with sick leave balance for an approved leave of absence.

3. Shared Leave Donations

Under the provisions of Board Policy 5406, Administrative Procedure 5406P, RCW 28A.400.380, and Chapter 392-136A WAC, a Leave Sharing Program is established on a voluntary basis. This program allows employees to donate sick leave (for illness, injury, or emergency) and vacation leave to qualified employees.

To receive shared leave donations, both pages must be submitted to your Regional HRBP:

- Complete the **Application to Receive Shared Leave Donations** (Page 1) electronically.
- Download and have the healthcare provider to complete the [Medical Professional Authorization for Employee to receive Shared Leave Donations](#) (Page 2), then upload the signed document electronically.

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Employees wishing to donate shared leave must complete the following form: [Leave Transfer Request and Authorization Form](#). Once completed, submit the form directly to the Payroll Department via intra-district mail or electronically at nsdpayroll@nsd.org.

For any inquiries regarding leave donations, leave balances, or donors, please contact the Payroll Department at nsdpayroll@nsd.org.

See [page 14](#), for more information about Shared Leave Donations.

4. Family and Medical Leave Act (FMLA)

The *Family and Medical Leave Act (FMLA)* is a federal law that allows eligible employees to take job-protected leave for certain family and medical reasons. During this time, your group [health insurance coverage](#) will continue under the same terms as if you had not taken leave.

To be eligible to take leave under the FMLA, an employee must:

- Have worked twelve-hundred and fifty (1,250) hours during the twelve (12) months prior to the start of leave.
- Have worked for the employer for twelve (12) months.

Who can take
FMLA leave?



What is an employee entitled for under FMLA leave?

The FMLA provides eligible employees with up to twelve (12) workweeks of leave per year* for qualifying family and medical reasons, while maintaining group health benefits as if the employee had been working. Employees are also entitled to return to the same or an equivalent position after their FMLA leave.

*At Northshore School District, the FMLA leave period runs from July 1 to June 30.

When can an employee take FMLA leave?

If an employee is experiencing a qualifying event, such as:

- Caring for an immediate family member with serious health condition.

Qualifying family members:

Spouse	Parents (including in loco parentis) This term does not include parents “in law”	Children (including step and foster)
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How can an employee apply for FMLA?

To apply for FMLA, you must follow the standard Leave of Absence application process. Your Regional HRBP will assess your eligibility based on the information provided. Any leave taken for this reason, whether paid or unpaid, will be considered FMLA leave.

5. Washington State Paid Family Medical Leave (PFML)

The [Washington State Paid Family and Medical Leave \(PFML\)](#) is a state-run insurance program that provides eligible employees with partial wage replacement while on leave.

Who can be PFML eligible?

To be eligible for PFML, an employee must:

- Have worked eight hundred and twenty (820) hours in Washington State, during the previous twelve (12) months or qualifying period. These hours can be from any employer in Washington, not just Northshore School District.

What is an employee entitled for under PFML?

An eligible employee within the “claim year” can:

- Take up to twelve (12) weeks of family leave to take care of a qualifying family member who is ill or injured with a “serious health condition”. This can be extended to up to eighteen (18) weeks if multiple qualifying events occur within the same claim year.
- Receive up to 90 percent of their average weekly wage. The maximum weekly benefit amount is \$1,542 in 2025.

When can an eligible employee apply for PMFL?

If an employee is experiencing the following qualifying event:

- Caring for a family member with a serious health condition or injury.

Qualifying family members:

Spouse	Domestic partner	Children (including step and foster)
Son-in-law and daughter-in-law	Grandchildren	Siblings
Parents (including in-laws and in loco parentis)	Grandparents	Someone who has an expectation to rely on you for care—whether you live together or not



How can an employee apply for PFML benefit?

Eligibility and approval for PFML are handled by the Employment Security Department (ESD). Since PFML is not a Northshore School District benefit, all applications and inquiries should be directed to the PFML website.

If you need to apply for PFML or have questions, please contact the state directly. You can visit their website at <https://paidleave.wa.gov> or call 833-717-2273. For guidance on how to apply, you can also watch this helpful video: [PFML Application Process Video](#). Additional resources could be found here: [Benefit Guide](#).

What to Expect After Submitting Your Application for State Benefits?

Submitting your application is just the first step in the process. The state of Washington may take up to three (3) weeks to process your claim. HRBPs cannot speed up this process or provide updates on your approval status.

After receiving the approval confirmation, it's important to log in **each week** and submit your weekly claims. Please note that the first week of your approved claim is a waiting period, and the state does not provide paid benefits for this week.

Do I need to be UNPAID from Northshore School District to receive PFML payments?

The NSEA (Certificated and ESP) Collective Bargaining Agreements allow members to use sick leave as a supplemental benefit while receiving PFML payments from the ESD, at the employee's request.

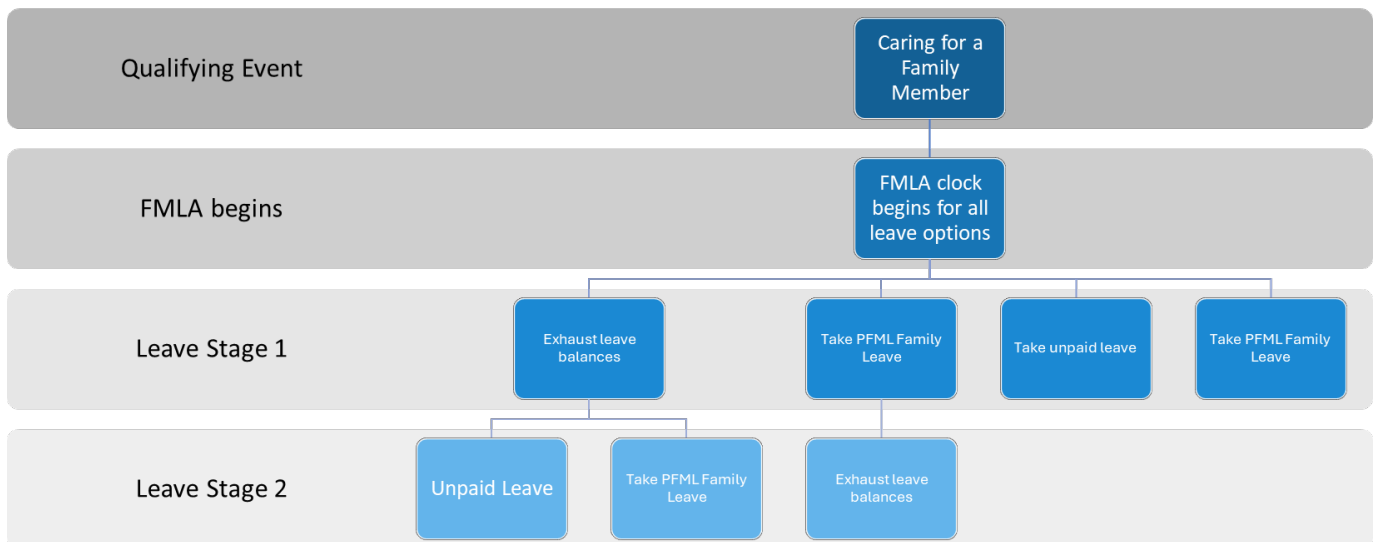
Employees can choose whether to supplement their PFML payments with their sick leave balances. However, if an employee decides not to use sick leave as a supplemental benefit during this time, they cannot use other leave balances. For more details, please refer to [page 22](#).

How PFML and FMLA interact with each other?

To be eligible for PFML payments, you must have worked a minimum of eight hundred twenty (820) hours over the past twelve (12) months in Washington State. However, to qualify for both PFML payments and job-protected leave (FMLA), you must have worked a minimum of twelve hundred fifty (1,250) hours over the past twelve (12) months at Northshore School District.

It is possible to be approved for PFML but not for job-protected leave from the District. When claiming PFML payments, you may have options that provide extended leave rights if you are FMLA-qualified. (See [page 9 "What happens to my benefits when I go on leave?"](#))

This graphic will show you the leave options and how you can stack them.



How to apply for a leave of absence

MAP OUT YOUR LEAVE DURATION





It is important for you to know:

BEFORE THE START OF YOUR LEAVE

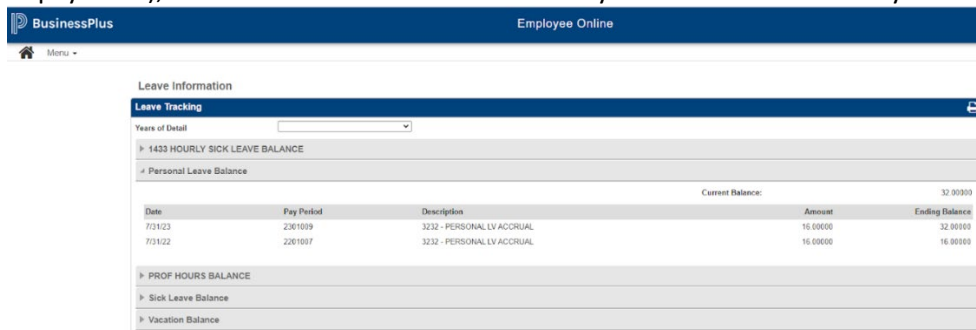
-  Notify HR of your need for a Family Medical Leave of Absence.
-  Complete and get approval by the 15th of the month you plan to start your leave, to ensure uninterrupted benefits/paycheck, unless unforeseeable circumstances occur.
-  Return all District property.

DURING YOUR LEAVE

-  Obtain HR approval before working in any capacity.
-  To extend your approved leave, submit a new Leave of Absence Application and updated Medical Certification with the revised dates, regardless of the duration.

Follow these steps when applying for a family medical leave of absence:

- Read this Handbook and determine your leave type:**
Review the Leave of Absence section in the www.nsd.org website and download the [Leave of Absence Handbook](#). This should help determine your leave type and which leave options/benefits to use.
- Find your work year calendar to determine the number of accountable days:**
<https://www.nsd.org/our-district/departments/human-resources/collective-bargaining>
- Check your leave balances:** Go to Employee Online (www.eo.nds.org) / Leave Information tab or your Pay Stub. If you have been absent from work and have not entered your absences in Frontline, or you were recently absent (after your last paycheck), those used absence hours have not yet been deducted from your leave balances.



Date	Pay Period	Description	Amount	Ending Balance
Personal Leave Balance				
				Current Balance: 32 00000
7/11/23	226/1019	3232 - PERSONAL LV ACCRUAL	16.00000	32.00000
7/11/22	226/1017	3232 - PERSONAL LV ACCRUAL	16.00000	16.00000
PROF HOURS BALANCE				
Sick Leave Balance				
Vacation Balance				

You are encouraged to notify your supervisor of your intent to take family medical leave and the anticipated duration.

- Decide your leave plan:** Your leave plan is the way you are planning on using your leave benefits. In the application form, you will be required to outline your leave plan. Our standard practice for family medical leave of absence is to exhaust your sick leave and/or personal leave balances, and then, if necessary, unpaid leave. However, if you are eligible for other benefits, such as Paid Family and Medical Leave (PFML), these must also be included in your leave plan for approval.

5□

Apply for approval:

- a. Complete the [Leave of Absence Application](#) form electronically.
- b. Download the [Family Member's Health Care Provider Certification](#).

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Optional: Complete the Receive Shared Leave Donations Application: Complete the Application form electronically only if you are participating in this program (Page 15) and download the [Medical Professional Authorization for Employee to receive Shared Leave Donations](#).

- c. Submit **Supporting Documents:** To ensure the timely processing of your leave of absence and/or shared leave request, it is imperative that all required supporting documentation be submitted.

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- **Family Member's Health Care Provider Certification:** Once your family member's healthcare provider has completed and signed the certification form, please upload the document through this task. While we understand that completing this form may take some time, please note that your leave of absence cannot be fully approved until the certification is received. Failure to submit the Family Member's Health Care Provider Certification may result in disciplinary action.
- **Medical Professional Authorization for Employee to receive Shared Leave Donations:** If you are participating in the shared leave program, please ensure that healthcare provider completes and signs this authorization form, then upload it through this task.

6□

Wait for approval: Your Regional HRBP will route your Leave of Absence paperwork for approval, and you will receive a letter through TalentEd Records stating the outcome of your request.

For NEA Certificated staff ONLY: Please be aware that Art 35.3.4 in the current Collective Bargaining Agreement, states that any employee who requests a period of leave near the conclusion of the academic term may be required to continue the leave until the end of the term. If this is your case, contact your Building Administrator for approval to Return to Work prior to the end of the student's term.

7□

Absence recording while on leave: When you are on an approved Leave of Absence, you are required to record all absences in Frontline and submit your regular timesheet. For future months, please complete timesheets in advance. If you have not planned with your Administrator for a Substitute or a Leave Replacement, the absence must be reported as "Substitute Required".

For an Intermittent Leave of Absence, report your absence to your supervisor and Office Manager in a timely manner to maintain effective classroom coverage.

8□

Return all District Property: Before your leave commences, return the equipment listed on the Employee Entrance/Exit Checklist including but not limited to keys, ID badges, and computers in accordance with District Procedure 9320P to your supervisor.

9□

If you are SUPPLEMENTING PFML during your approved leave of absence, complete the following step: Within your Leave of Absence Application, you must indicate whether you are applying and supplementing PFML. By selecting Supplemental Benefit, you agree to provide weekly screenshots of your Approved Weekly PFML Claim to both Human Resources and Payroll. Please refer to the [Employee Rights Under PFML](#) task for detailed instructions on submitting these screenshots. Failure to submit screenshots on time will result in the discontinuation of supplemental payments, with no option for reinstatement.

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10□

Extending Leave of Absence: If your family member's medical condition requires you to extend your already approved leave of absence, meaning changing your return-to-work date, you will need to contact your Regional HRBP two (2) weeks prior to the end of your approved leave regardless of the number of days. Step 5 should be resubmitted.

What happens to my health benefits



WHEN I GO ON LEAVE?

Benefits continuation is based on whether you have worked or anticipated to work or be paid for 630 hours in the school year, which begins September 1st and ends August 31st each year. In all circumstances, if you terminate your employment, benefits will end on the last day of the same month in which employment ends. We have outlined three different scenarios that may be applicable:

- If you have already worked 630 hours when your leave begins, your benefits will continue until August 31st of that school year, unless you terminate employment.
- If you have not yet worked 630 hours by the date you go on leave or by the date your FMLA status ends, and are returning / not returning during the school year then benefits will end on the later of the last day of the last month you are paid, or the last day during which your FMLA ends unless you have a FMLA / PFML overlap by one day, your benefits stay intact until your PFML time runs out. ****PLEASE NOTE: FMLA / PFML overlap should be consecutive, and Benefits Office requires employees to submit their weekly screenshots from ESD to keep their Benefits Intact.**

How do I Pay My Portion of Premium While on an Unpaid Leave?

If your pay ends while you remain benefits eligible, you will still be responsible for paying your portion of the premium. Since there will be no paycheck from which to withhold your premium, you will receive a letter / invoice requesting you pay the premium via check or cash with exact change to Northshore School District. If you are on an FMLA, you will receive a letter with ACH agreement Form (Automatic Withdrawal Agreement Form) if you would want your payments to be automatically deducted from your checking account, the completed form in original along with the copy of Voided check in original needs to be sent to the Benefits Office for automatic withdrawals. Premium Invoice will be mailed each month for which you do not have a paycheck sufficient to support your benefits premium deduction.

How Can I Continue My Benefits After They Would End?

After you lose eligibility and your benefits, end, you will receive a Continuation Coverage offer letter from the Health Care Authority. This will allow you to sign up for up to 29 months of continuation coverage while you are on leave. If you terminate employment, you may sign up for 18 months of continuation coverage through COBRA. When you enroll, you must pay the full premium, retroactive to the date coverage was ended. Premiums for continuation coverage will be provided in your offer letter and are posted on the Health Care Authority's website.

What Should I Do When I Return from Leave?

If you did not have a lapse of benefits during your leave, you will not need to do anything about your benefits when you return. However, if your benefits have ended, or if you have enrolled on Continuation Coverage, you must complete new enrollment in Benefits 24/7 within 31 days of your return to work. The Benefits Office will send you your Benefits Eligibility Worksheet via records along with an email to your work and personal email if available, with the detailed instructions for Enrollment. If you do not re-enroll within the required timeframe, you will be automatically enrolled on the default plans with default premiums and premium surcharges.

More Questions?

This is just a brief discussion of how benefits are affected during a Leave of Absence. Further information can be requested by sending an email to hrcbenefits@nsd.org.

What happens to my paycheck



WHEN MY LEAVE OF ABSENCE BECOMES UNPAID?

If your Leave were to become unpaid, the following scenarios will happen based on your position. *DISCLAIMER: The examples in this section are generalities to give you a good idea of how unpaid absences or unpaid Leave will affect your paycheck; they are not actual payroll scenarios.*

Full Year – 260 day Employees

Once you become unpaid, you will not receive a paycheck until you return to work. If you were to be unpaid in the middle of a month you will receive a partial paycheck at the end of the pay period, but then no paycheck after that until you return to work.

Reduced Year Employees – less than 260 days (e.g., Certificated, Paraeducators, and school-based NEOPA)

Reduced year employees only work designated days but are paid over 12 months. This means that a portion of each month’s wages are held back in an “escrow” account to pay such employees over breaks and summer when the employee is not working. The exception to this section is hourly employees, please see “Hourly Paid Employees” in this section.

When a reduced year employee becomes unpaid, all remaining earnings in their escrow account are distributed in full. The resulting paycheck for the employee’s last month of work may be larger or smaller than typical depending on how many days were worked that month and how much was accumulated in escrow. The employee will then not receive a paycheck until they return to work.

Examples of how an Unpaid Absence affects Reduced Year Employees:

Paraeducator Employees

Example from 2023-24 Salary Schedule (Level 1, Step 5)

Description	Amount
Hourly Salary	\$31.46
Paid Hours Per Day	7.00
Paid Days Per Year	192
Total Annual Salary	\$42,282.24
Paid Monthly (Annual/12 months)	\$3,523.52
What you earn each day you work (hours per day times hourly rate)	\$220.22
Your total contract value if you work 70 days and then go unpaid in December	\$15,415.40
And assuming regular paychecks from September, October, and November	\$3,523.52
Your final December paycheck when you go on unpaid leave will be:	\$4,844.84
Description	Amount

Certificated Employees on the Certificated Salary Schedule

Example from 2023-24 Salary Schedule (BA Step 5)



Description	Amount
Base Salary	\$64,664.00
Responsibility Factor (PLR)	\$14,208.00
Non Student Days (5 days)	\$1,796.22
Total Annual Salary	\$80,668.22
Paid Monthly (Annual/12 months)	\$6,722.35
What you actually earn each day you work (base + PLR /180 days)	\$438.18
What you actually earn each non student day you work	\$359.24
Your total contract value if you work 70 days and 3 non student days and then go unpaid in December	\$31,750.32
And assuming regular paychecks from September, October, and November	\$6,722.35
Your final December paycheck when you go on unpaid leave will be:	\$11,583.27

Hourly Paid Employees

Once you become unpaid, you will not receive a paycheck until you return to work. If you have any paid hours in your pay period before becoming unpaid, you will receive a partial paycheck in the subsequent pay period, but then no paycheck after that until you return to work.



Additional information

REDUCED FTE EMPLOYEES

Reduced FTE Employees and 10 Day Absences

If your FTE is less than 1.0, then your “day” is the hour equivalent to your FTE.

Use the chart in page # for guidance.

Example: 7.5 hours x 0.6 FTE = 4.5 hours a day x 5 days a week = 22.5 hours per week. Commonly a 0.6 FTE employee will work 3 days a week, 7.5 hours each day = 22.5 hours for the week. But a 0.6 FTE employee’s “day” is a 4.5 hour day. Because this employee’s “day” is 4.5 hours, absences that exceed 45 hours (4.5 hours x 10 days = 45 hours) means this employee would need to apply for a Leave of Absence. But this employee works 3 days a week at 7.5 hours each day, so in this example if the employee is absent more than 6 days (6 x 7.5 = 45 hours), this employee would need to apply for a Leave of Absence.

Use these charts as a guide:

8 Hour FTE Employees

FTE	Hours Per Day Employee is staffed in the Payroll system	Hours Worked Per Week	If Employee Works an 8 Hour Day - Days Per Week Worked	Per FTE – Absences of 10 Days Equal the Noted Total Hours	If Employee Works an 8 Hour Day, After Noted Number of Days Absent, Employee Has Missed the Equivalent of 10 Days
0.9	7.2	36.0	4.5	72.0	9.0
0.8	6.4	32.0	4.0	64.0	8.0
0.7	5.6	28.0	3.5	56.0	7.0
0.6	4.8	24.0	3.0	48.0	6.0
0.5	4.0	20.0	2.5	40.0	5.0
0.4	3.2	16.0	2.0	32.0	4.0
0.3	2.4	12.0	1.5	24.0	3.0
0.2	1.6	8.0	1.0	16.0	2.0

7.5 Hour FTE Employees - NSEA Certificated

FTE	Hours Per Day Employee is staffed in the Payroll system	Hours Worked Per Week	If Employee Works an 8 Hour Day - Days Per Week Worked	Per FTE – Absences of 10 Days Equal the Noted Total Hours	If Employee Works an 7.5 Hour Day, After Noted Number of Days Absent, Employee Has Missed the Equivalent of 10 Days
0.9	6.75	33.75	4.5	67.5	9.0
0.8	6.0	30	4.0	60.0	8.0
0.7	5.25	26.25	3.5	42.5	6.0
0.6	4.5	22.5	3.0	45.0	6.0
0.5	3.75	18.75	2.5	37.5	5.0
0.4	3.0	15	2.0	30.0	4.0
0.3	2.25	11.25	1.5	22.5	3.0
0.2	1.5	7.5	1.0	15.0	2.0
0.1	0.75	3.75	0.5	7.5	1.0



7.0 Hour FTE Employees - Paraeducators

FTE	Hours Per Day Employee is staffed in the Payroll system	Hours Worked Per Week	If Employee Works a 7 Hour Day - Days Per Week Worked	Per FTE – Absences of 10 Days Equal the Noted Total Hours	If Employee Works a 7 Hour Day, After Noted Number of Days Absent, Employee Has Missed the Equivalent of 10 Days
0.9	6.3	31.5	4.5	63.0	9.0
0.8	5.6	28.0	4.0	56.0	8.0
0.7	4.9	24.5	3.5	49.0	7.0
0.6	4.2	21.0	3.0	42.0	6.0
0.5	3.5	17.	2.5	35.0	5.0
0.4	2.8	14.0	2.0	28.0	4.0
0.3	2.1	10.5	1.5	21.0	3.0
0.2	1.4	7.0	1.0	14.0	2.0
0.1	0.7	3.5	0.5	7.0	1.0



Additional information

LEAVE SHARING GUIDELINES

An employee is eligible to receive shared leave from other District employees under the following conditions:

1. The employee:
 - a. Suffers from, or has a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature;
 - b. Has been called to service in the uniformed services;
 - c. Has the needed skills to assist in responding to a state of emergency declared anywhere within the United States by the federal or any state government, or its aftermath, and volunteers his or her services to either a governmental agency or to a nonprofit organization engaged in humanitarian relief in the devastated area, and the governmental agency or nonprofit organization accepts the employee's offer of volunteer services;
 - d. Is a victim of domestic violence, sexual assault, or stalking;
 - e. Is a current member of the uniformed services or is a veteran as defined under RCW 41.04.005, and is attending medical appointments or treatments for a service-connected injury or disability;
 - f. Is a spouse of a current member of the uniformed services or a veteran as defined under RCW 41.04.005, who is attending medical appointments or treatments for a service-connected injury or disability and requires assistance while attending such appointments or treatment;
 - g. Needs the time for parental leave; or
 - h. Is sick or temporarily disabled because of pregnancy disability.
2. The employee's job is one in which sick leave can be used and accrued.
3. The employee is not eligible for time-loss compensation under chapter 51.32 RCW.
4. The employee has abided by District policies regarding the use of sick leave.
5. Sick leave has been exhausted, or will be exhausted, by the employee, except as described in Section 7 below. Employee's condition will soon cause them to go on leave without pay or to terminate district employment.
6. The condition has caused, or is likely to cause, the employee to go on leave without pay or terminate District employment.
7. Employees eligible for shared leave under the conditions described in 1.a, 1.e, 1.f, 1.g, or 1.h must first deplete all but up to 40 hours of their accrued sick leave before using shared leave. Employees qualifying for shared leave under WAC 392-136A-030 (1)(g) or (h) must use leave in accordance with RCW 41.04.671.
8. Employees eligible for shared leave under the conditions described in Section A.1.b must first deplete their paid military leave allowed under RCW 38.40.060 before using shared leave. However, the employee can maintain up to forty (40) hours of paid military leave.
9. The District shall determine the amount of shared leave a leave recipient may receive and may only authorize an employee to use up to a maximum of five-hundred and twenty-two (522) days of shared leave during total state employment.
10. Upon the request of an employee who is approved for shared leave donations, the district will notify other employees of the initial request for leave donations. Upon the request of an employee, the District will issue a second announcement regarding the shared leave request.

The following criteria establish the eligibility to donate annual (vacation) or sick leave:

1. Employees, who accrue annual (vacation) and sick leave, may choose to donate annual leave or sick leave.
2. Employees may donate annual (vacation) leave provided the donation does not cause their annual leave balance to fall below ten days. The ten days is prorated for part-time employees.
3. Employees may not donate an amount of sick leave that will result in their sick leave account going below 176 hours. Both full-time and part-time employees must maintain this amount. The amount is not prorated for part-time.
4. Any donated leave not used by the recipient in connection with the specified and approved illness, or injury, will not be deducted from the donor's balances.

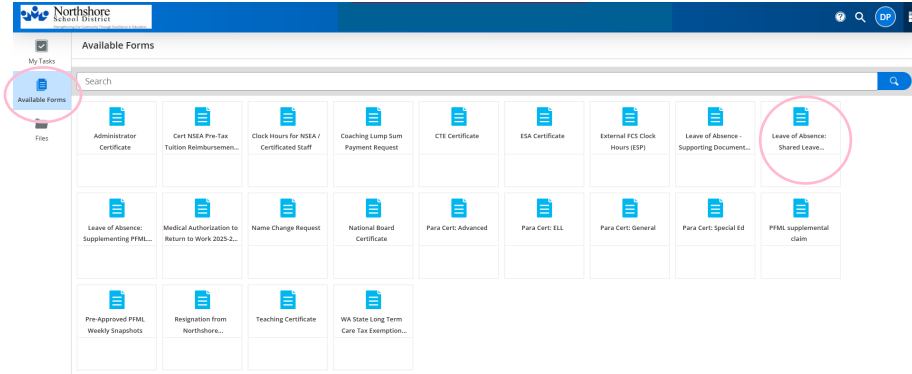


Additional information

SUBMITTING SHARE LEAVE APPLICATION

How to apply to receive Shared Leave Donations

1. Go to **TalentEd Records** (records.nsd.org).
2. In the left-hand menu, click **Available Forms**.
3. Select **Leave of Absence: Shared Leave Application 2526 SY**.



4. Complete the form thoroughly on the first page.

Leave of Absence: Shared Leave Application 2526 SY

Receive Shared Leave Donations Application

Human Resources

Application to Receive Shared Leave

5406 F-1

Name: *(typed or printed)* _____ Employee ID: _____
 Position: Location:

I am making application to receive shared leave under the Northshore School District #417 Leave Sharing Program. I understand that in order to participate in this program, the following must be true:

1. I must be:
 - a. suffering from or have a relative or household member suffering from an extraordinary or severe illness, injury, impairment, physical or mental condition; may retain 40 hours annual leave and 40 hours of sick leave. I would

5. Download the **Second Page** of the application (click “Download second page” link). Have family member’s healthcare provider complete and sign the second page.

- **Required:** The second page must be completed **if you selected A or H on the first page**.

Leave of Absence: Shared Leave Application 2526 SY

4. I must have abided by the district’s policies and procedures regarding sick leave.
5. I must provide documentation from a licensed physician or authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.
6. My condition will soon cause me to go on leave without pay or to terminate district employment.

FOR HUMAN RESOURCES USE ONLY

APPROVED
 DENIED

Eligibility Period:

Processing Date:

Rev. 1/09; FC(v) 3/09; 2/13 (km); 7/18; HR 10/24

Click here to download second page of the Application to Receive Shared Leave Donations. This form is required if you selected A or H in the first page. Completed form should be submitted through TalentEd Records.

[DOWNLOAD SECOND PAGE](#)

Human Resources

**SHARED LEAVE MEDICAL DOCUMENTATION -
EXTRAORDINARY OR SEVERE CONDITION**

To Be Completed By Employee



6. Click **SAVE FINAL**.

7. After the page reloads, **scroll to the end** of the form. Check the **Electronic Signature Statement**, then sign electronically. Click **SUBMIT**.

8. Return to TalentEd Records and **upload the completed second page** as an attachment. See [page 20](#).

FAMILY MEDICAL LEAVE OF ABSENCE CHECKLIST



1. **Submit** a Leave of Absence Application: [Click here to initiate a Leave of Absence Application Form.](#)



LEAVE OF ABSENCE APPLICATION



1. EMPLOYEE INFORMATION

Name: Mickey Mouse Employee ID: 00000 Phone: 555-555-5555

Work Location: Central Admin Job Title: Teacher Bargaining Unit: NSEA

Supervisor Name: Donald Duck Position FTE / Hours: 1.0

Work Schedule: M: 7AM - 2:30PM T: 7AM-2:30 W: 7AM - 2:30PM Th: 7AM - 2:30PM F: 7AM-2:30 (ex: 8AM - 3PM)

Please complete the *Employee Information* section electronically.
If you hold multiple assignments, please provide the details for your primary assignment or the location you are requesting a leave.

2. REASON FOR LEAVE

Please select the reason for leave: Family Member's Serious Medical Condition

Relationship with Family Member: Parent Spouse Child - Age _____ Other _____

Childbirth - Due Date: _____

Other Leave Per CBA -Article: _____ Reason: _____ [\[Click here for CBA\]](#)

Select Family Member's Serious Medical Condition in Section 2.
Select your relationship.

3. LEAVE PLAN

Please select the type of leave:

Leave Start Date: _____ Anticipated Return Date: _____

FTE / # Hours Leave: _____ on Leave: _____ Daily Work Hours: _____

New Work Schedule: M: _____ T: _____ W: _____ Th: _____ F: _____

Episodes of Incapacity May Occur _____ times per _____ and last _____

Select the Type of Leave in Section 3:

- Long Term Leave: Anticipates being absent from work for more than ten (10) consecutive days.
- Partial Leave: The medical provider recommends a partial leave or a reduction in working hours.
- Intermittent Leave: Anticipates being absent from work on an intermittent basis (taken in separate blocks of time).

FOR LONG TERM LEAVE

If your medical event will be happening on a Saturday, Sunday, or holiday, please use the first following contract day as your leave start date.

You are required to complete this section. Specify a separate date range for each leave usage type. If you are claiming PFML, please select *Unpaid* and check the box for WA PFML. If you are supplementing PFML, please select *Sick Leave* and check the box for WA PFML – Supple.

3. LEAVE PLAN

Please select the type of leave: Long Term Leave

Leave Start Date: 09/29/2025 Leave End Date: 01/22/2026 Anticipated Return Date: 01/23/2026

Dates	Leave Usage	WA PFML	WA PFML - Supple.
Start: 09/29/2025 End: 10/10/2025	Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>
Start: 10/13/2025 End: 11/14/2025	Sick Leave	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Start: 11/17/2025 End: 01/22/2026	Unpaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Start: mm/dd/yyyy End: mm/dd/yyyy	Select...	<input type="checkbox"/>	<input type="checkbox"/>
Start: mm/dd/yyyy End: mm/dd/yyyy	Select...	<input type="checkbox"/>	<input type="checkbox"/>
Start: mm/dd/yyyy End: mm/dd/yyyy	Select...	<input type="checkbox"/>	<input type="checkbox"/>



FOR PARTIAL LEAVE

3. LEAVE PLAN

Please select the type of leave:

Leave Start Date: Leave End Date: Anticipated Return Date:

FTE / # Hours Leave: Daily Hours on Leave: Daily Work Hours:

New Work Schedule: M: T: W: Th: F:

If your medical event will be happening on a Saturday, Sunday, or holiday, please use the first following contract day as your leave start date.

Indicate your FTE/hours on leave as well as the number of hours you will be working during your leave period.
Coordinate with your supervisor your adjusted work schedule that better fits your medical needs.

Dates	Leave Usage	WA PFML	WA PFML - Supple.
Start: <input type="text" value="09/29/2025"/> End: <input type="text" value="10/10/2025"/>	<input type="text" value="Sick Leave"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start: <input type="text" value="10/13/2025"/> End: <input type="text" value="01/22/2026"/>	<input type="text" value="Unpaid"/>	<input checked="" type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	

You are required to complete this section. Specify a separate date range for each leave usage type.
If you are claiming PFML, please select *Unpaid* and check the box for WA PFML. Supplemental Benefit is not allowed for Partial Leave.

FOR INTERMITTENT LEAVE

If your medical event will be happening on a Saturday, Sunday, or holiday, please use the first following contract day as your leave start date.

Enter the intermittent leave information that your Health Care Provider is requesting in the Medical Certificate.

3. LEAVE PLAN

Please select the type of leave:

Leave Start Date: Leave End Date: Anticipated Return Date:

FTE / # Hours Leave: Daily Hours on Leave: Daily Work Hours:

New Work Schedule: M: T: W: Th: F:

Episodes of Incapacity May Occur times per and last

You are required to complete this section. Specify a separate date range for each leave usage type.
If you are claiming PFML, please select *Unpaid* and check the box for WA PFML. Supplemental Benefit is not allowed for Intermittent Leave.

Dates	Leave Usage	WA PFML	WA PFML - Supple.
Start: <input type="text" value="09/29/2025"/> End: <input type="text" value="01/22/2026"/>	<input type="text" value="Sick Leave"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	
Start: <input type="text" value="mm/dd/yyyy"/> End: <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select..."/>	<input type="checkbox"/>	

View/Print Blank Form Save Progress

5. Payroll

Last Paid Date: _____

Notes:

6. Data Management

Actual Days Worked: _____ Seniority/ Longevity: _____

Notes:

7. Benefits

Retained Benefits:

Notes:

Page 3 / 3

Space for Optional Additional
Please initial and date next to

Continue



← Click Continue

Leave of Absence Application: Step

Your form has not been submitted yet. Please complete the following:

Please select next recipient for HR Business Partner

NAME/EMAIL Customize message

Select recipient...

Select recipient...

East Region, Shawnacy Smith (ssmith@nsd.org)

North Region, Daniela Perez Viafara (dperezviafara@nsd.org)

South Region, Denise Stewart (dstewart2@nsd.org)

West Region, Dianne Smith (dsmith2@nsd.org)

← Select your Human Resources Business Partner and click Send to Recipient

2. Download the **Family Member's Health Care Provider Certification** and request your health care provider to complete it.

Certification of Health Care Provider for Family Member's Serious Health Condition under the Family and Medical Leave Act

U.S. Department of Labor
WHD
WAGE AND HOUR DIVISION
Form WH-350 (Rev. 12/15/2009)
Formal Number: 1215-0003
Expires: 6/30/2020

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee at least 15 calendar days to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the www.dhs.gov/eis/vvt/ohrtm; at www.dhs.gov/agencies/wd/whd.

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. You may not use the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.304-825.306. Additionally, you may not request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care. Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1630.8, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employer's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a family, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(2). You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days. 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care: _____

(2) Select the relationship of the family member to you. The family member is your:

Spouse Parent Child, under age 18
 Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee must take FMLA leave to care for an individual who incurred that obligation of a parent to a child. An employee must take FMLA leave to care for an individual who incurred that obligation of a parent to a child.

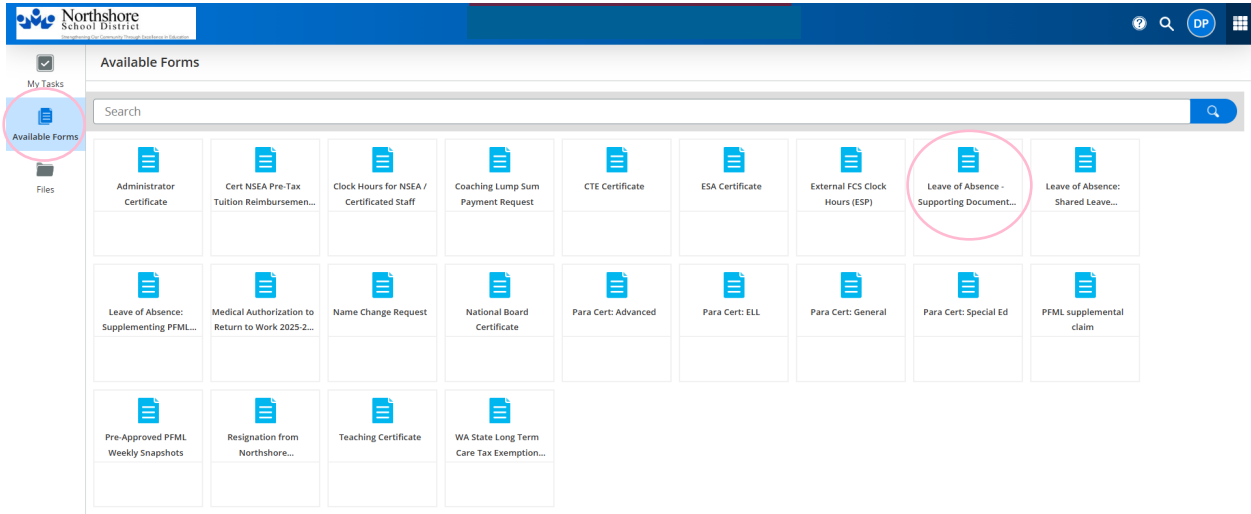
3. Submit the Family Member's Health Care Provider Certification and/or the Medical Professional Authorization for Employee to receive Shared Leave Donations.



3.1. Go to **TalentEd Records** (records.nsd.org).

3.2. In the left-hand menu, click **Available Forms**.

3.3. Select **Leave of Absence: Supporting Documents 2025-26 SY**.



3.4. Answer the question by **checking the box**.

Leave of Absence - Supporting Documents 2025-26 SY

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: [-->LOA APPLICATION](#)

Step 1 - Download the required form:

Certification of Health Care Provider for Employee's Serious Health Condition --> [CLICK HERE](#)

Certification of Health Care Provider for Family Member's Serious Health Condition --> [CLICK HERE](#)

Medical Professional Authorization for Employee to receive Shared Leave Donations --> [CLICK HERE](#)

Step 2 - Upload
Submit the completed and signed document(s) as an attachment here.

Employee ID (required)

Have you submitted your Leave of Absence Application? (required)

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: [-->LOA APPLICATION](#)

I acknowledge and certify that I have submitted the Leave of Absence application.

Attachments

Application to Receive Shared Leave Donations [Upload a file](#)

Health Care Provider Certification [Upload a file](#)

Other Types of Supporting Documents [Upload a file](#)

Please Click to View/Hide the Workflow

Current User

Date

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)



3.5. Upload the Supporting Documents by clicking Upload a file.

Leave of Absence - Supporting Documents 2025-26 SY

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: -->[LOA APPLICATION](#)

Step 1 - Download the required form:

Certification of Health Care Provider for Employee's Serious Health Condition --> [CLICK HERE](#)

Certification of Health Care Provider for Family Member's Serious Health Condition --> [CLICK HERE](#)

Medical Professional Authorization for Employee to receive Shared Leave Donations --> [CLICK HERE](#)

Step 2 - Upload
Submit the completed and signed document(s) as an attachment here.

Employee ID (required)

Have you submitted your Leave of Absence Application? (required)

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: -->[LOA APPLICATION](#)

I acknowledge and certify that I have submitted the Leave of Absence application.

Attachments

Application to Receive Shared Leave Donations [Upload a file](#)

Health Care Provider Certification [Upload a file](#)

Other Types of Supporting Documents [Upload a file](#)

Please Click to View/Hide the Workflow

Current User

Date

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)

3.6 Click **SAVE FINAL**.



Additional information

SUPPLEMENTAL PFML

If you are choosing to receive supplemental pay through the District while also collecting PFML payments, be aware:

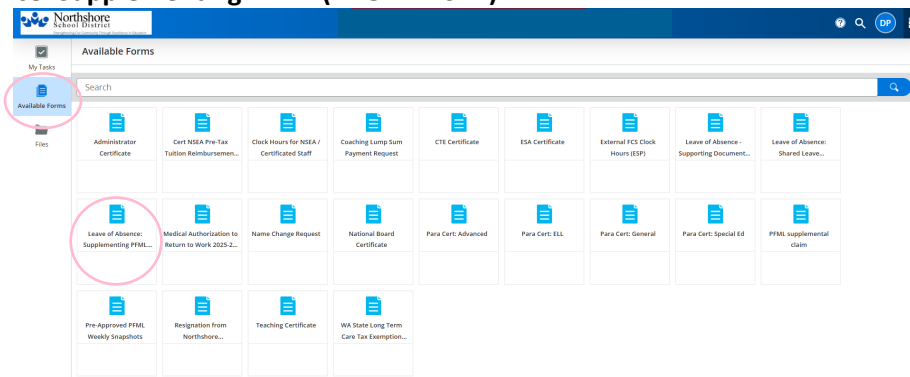
- Supplemental status must be continuous.
- Leave plan specifying supplementing PFML period, must be communicated to your Regional HRBP in advance and once your leave is approved, this cannot be changed or adjusted.
- Weekly screenshots of your claims must be submitted via Records. If you do not submit a weekly claim, your supplemental benefits will be ended and will not be reinstated.
- You are responsible for uploading your weekly PFML claim screenshots through TalentEd Records. This must be done each Monday, following the PFML week being claimed.
For example, if your PFML claim week is Sunday, October 15 through Saturday, October 21, your screenshot must be submitted no later than Monday, October 23.
- No paycheck will be issued if snapshots are not received (employee is solely responsible for submission). If snapshots are missed multiple weeks in a row, supplemental pay will be ended and cannot be re-opened.
- Pay will be issued the payroll cycle following submission of the snapshots.
- Sick leave can only offset work dates on your calendar, nonwork days can't be supplemented. Paid holidays will continue only if they occur during a period you are supplementing.
- If sick leave is exhausted, supplemental pay will be ended.

NSEA Certificated and NSEA ESP members will need to determine if they are supplementing Half Day or Full day.

- When Supplementing PFML Half day, Employees will have their NSD paid time pro-rated/adjusted by payroll.
- Base pay will be issued in half or full day increments. Stipends will be stopped while in supplemental PFML status.

How to sign Rights and Responsibilities to Receive PFML Supplemental Benefits

1. Go to **TalentEd Records** (records.nsd.org).
2. In the left-hand menu, click **Available Forms**.
3. Select **Leave of Absence: Supplementing PFML (NEOPA-NSEA)**.



4. **Complete the form thoroughly.**



Leave of Absence: Supplementing PFML (NEOPA-NSEA)

Leave of Absence - Paid Family Medical Leave and Supplemental Benefit 2025-26 SY

This task addresses the Paid Family Medical Leave and Supplemental Benefit approved to NSEA (Certificated and Classified) and NEOPA staff members.

Step 1 - Download the Employee's Rights and Responsibilities under PFML: [CLICK HERE](#)

Step 2 - Please read carefully this form and answer the questions below.

Step 3 - Once you have answered and read the document, then click in SAVE FINAL and sign electronically this form.

1. As part of your Leave of Absence plan, are you applying for Paid Family Medical Leave (PFML) through Washington State? (required)

Please answer YES or NO.

2. Are you Supplementing your PFML benefit with your accrued sick leave balances?
Please answer YES or NO.
If you selected NO, skip the next section. Click in SAVE FINAL and sign electronically.

Yes - I am supplementing PFML
 No - I am NOT supplementing PFML
 No - I am not applying for PFML

5. Click **SAVE FINAL**.

Leave of Absence: Supplementing PFML (NEOPA-NSEA)

Leave of Absence - Paid Family Medical Leave and Supplemental Benefit 2025-26 SY

This task addresses the Paid Family Medical Leave and Supplemental Benefit approved to NSEA (Certificated and Classified) and NEOPA staff members.

Step 1 - Download the Employee's Rights and Responsibilities under PFML: [CLICK HERE](#)

Step 2 - Please read carefully this form and answer the questions below.

Step 3 - Once you have answered and read the document, then click in SAVE FINAL and sign electronically this form.

1. As part of your Leave of Absence plan, are you applying for Paid Family Medical Leave (PFML) through Washington State? (required)

Please answer YES or NO.

2. Are you Supplementing your PFML benefit with your accrued sick leave balances?
Please answer YES or NO.
If you selected NO, skip the next section. Click in SAVE FINAL and sign electronically.

Yes - I am supplementing PFML
 No - I am NOT supplementing PFML
 No - I am not applying for PFML

6. After the page reloads, **scroll to the end of the form. Check the Electronic Signature Statement**, then **sign electronically**. Click **SUBMIT**.

Leave of Absence: Supplementing PFML (NEOPA-NSEA)

• If sick leave is exhausted, supplemental pay will be ended.
• If snapshots are missed multiple weeks in a row, supplemental pay will be ended and cannot be re-opened.
By signing this document, I acknowledge that I have read the information above and understand the process to submit my snapshot, what will happen if I miss a snapshot, and what will happen if I fail to submit multiple snapshots.

3. Are you supplementing half or full day?

Please note that NEOPA members can only supplement full day.
Please select one

I am supplementing PFML with Full-Day sick leave.
 I am supplementing PFML with Half-Day sick leave.

Please Click to View/Hide the Workflow

Sign

Current User _____
Date 9/12/2025

Signature (required) _____

I have read and accept the **Electronic Signature Statement** (required)



How to submit the screenshots to Human Resources to Receive PFML Supplemental Benefits?

1. Go to Paid Family Medical Leave website and take a screenshot of your weekly claims page. The week you are claiming supplemental benefit should be listed as Approved.

Weekly Claims

Paid Family and Medical Leave

4/8/2024

Mickey Mouse

Claim ID D2H7YSYXYL0-2	Claim Type Medical
Claim Status Approved	Approved Leave Duration 03/24/2024 - 02/01/2025

Weekly Claims

#	Week of Claim	Submission Date	Status	Hours Used	Payment Amount
1	03/24/2024 - 03/30/2024	03/31/2024	Approved	33	\$655.00
2	03/31/2024 - 04/06/2024	04/07/2024	Approved	16	\$455.00

Note: Benefits are approved for a limited number of hours, which may run out before the end of the approved leave duration. Please look at your decision letter for how many hours of leave you may have available.

2. Go to **TalentEd Records** (records.nsd.org).
3. In the left-hand menu, click **Available Forms**.
4. Select **Pre-Approved PFML Weekly Snapshots**.

The screenshot shows the 'Available Forms' page in TalentEd Records. The left-hand menu has 'Available Forms' circled in red. The main content area displays a grid of form tiles. The 'Pre-Approved PFML Weekly Snapshots' tile is circled in red.

Available Forms					
Search					
Administrator Certificate	Cert NSEA Pre-Tax Tuition Reimbursemen...	Clock Hours for NSEA / Certificated Staff	Coaching Lump Sum Payment Request	CTE Certificate	
Para Cert: ELL	Para Cert: General	Para Cert: Special Ed	PFML supplemental claim	Pre-Approved PFML Weekly Snapshots	Te

6. **Complete the form** thoroughly.



PFML Supplemental Benefits

Human Resources

Northshore School District
Administrative Center
3330 Monte Villa Parkway
Bothell, WA 98021-8972
Phone: (425) 408-7601
Fax: (425) 408-7625
www.nsd.org

Full Name
MARY ABDI

Employee ID
08120

Week Start Date: [28]

Week End Date: [25]

Please upload snapshot from Employment Security Department using the Attachments section at the bottom of the screen.

7. Upload the Screenshot as a File in the Attachments section and click SAVE FINAL.

Attachments

ESD PFML Snapshot required

[Upload a file](#)

Please Click to View/Hide the Workflow

Current User: DANIELA PEREZ VIAFARA
Date: 9/12/2025

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)

8. After the page reloads, scroll to the end of the form. Check the Electronic Signature Statement, then sign electronically. Click SUBMIT.

Please Click to View/Hide the Workflow

Sign

Current User: [redacted]
Date: 9/12/2025

Signature required: [redacted]

I have read and accept the Electronic Signature Statement required

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Submit](#) [Unlock](#)

NOTE THAT:

- Initial snapshots could include multiple weeks due to PFML processing time.
- Following the initial snapshot: Snapshots should be submitted weekly by 4:00 pm on the Friday following submission of the claim (for example, claim is submitted on Sunday, 2-4 days processing, snapshot submitted to NSD on Friday).