



Northshore
School District

Applying for Parental Leave

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

Content

How to Contact the Human Resources Department	2
Leave of Absence: Who Needs to Apply?	3
Parental Leave Options	4
1. Parental Leave	
2. Sick Leave	
3. Personal Leave	
4. Shared Leave Donations	
5. Family and Medical Leave Act (FMLA)	
6. Washington State Paid Family Medical Leave (PFML)	
7. Childcare Leave	
8. Other leave options	
How to Apply for a Leave of Absence and Map out your Leave duration	8
What Happens to My Health Benefits When I go on Leave?	10
What happens To My Paycheck if my Leave of Absence becomes unpaid?	10



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>
Daniela Perez Viafara dperezviafara@nsd.org Ext. 6131	Denise Stewart dstewart2@nsd.org Ext. 7608	Shawnacy Smith ssmith@nsd.org Ext. 7609	Dianne Smith dsmith2@nsd.org Ext. 6132
North Creek High School Skyview Middle School Leota Middle School Canyon Creek Elementary Fernwood Elementary Kokanee Elementary Ruby Bridges Elementary Wellington Elementary	Inglemoor High School Kenmore Middle School Northshore Middle School Arrowhead Elementary Kenmore Elementary Lockwood Elementary Moorlands Elementary Woodmoor Elementary	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	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
Grounds Warehouse Maintenance Mechanics Central office ESP/NEOPA Occupational Therapists Physical Therapists	NNRAP/NNRAPAD NASCOED Speech Lang. Pathologists Audiologist Teacher of Visual. Impaired	Transportation Custodians Central office NSEA Cert ATP/ATI Staff Early Childhood Staff Theme Readers	Food Service Psychologists District Music Staff

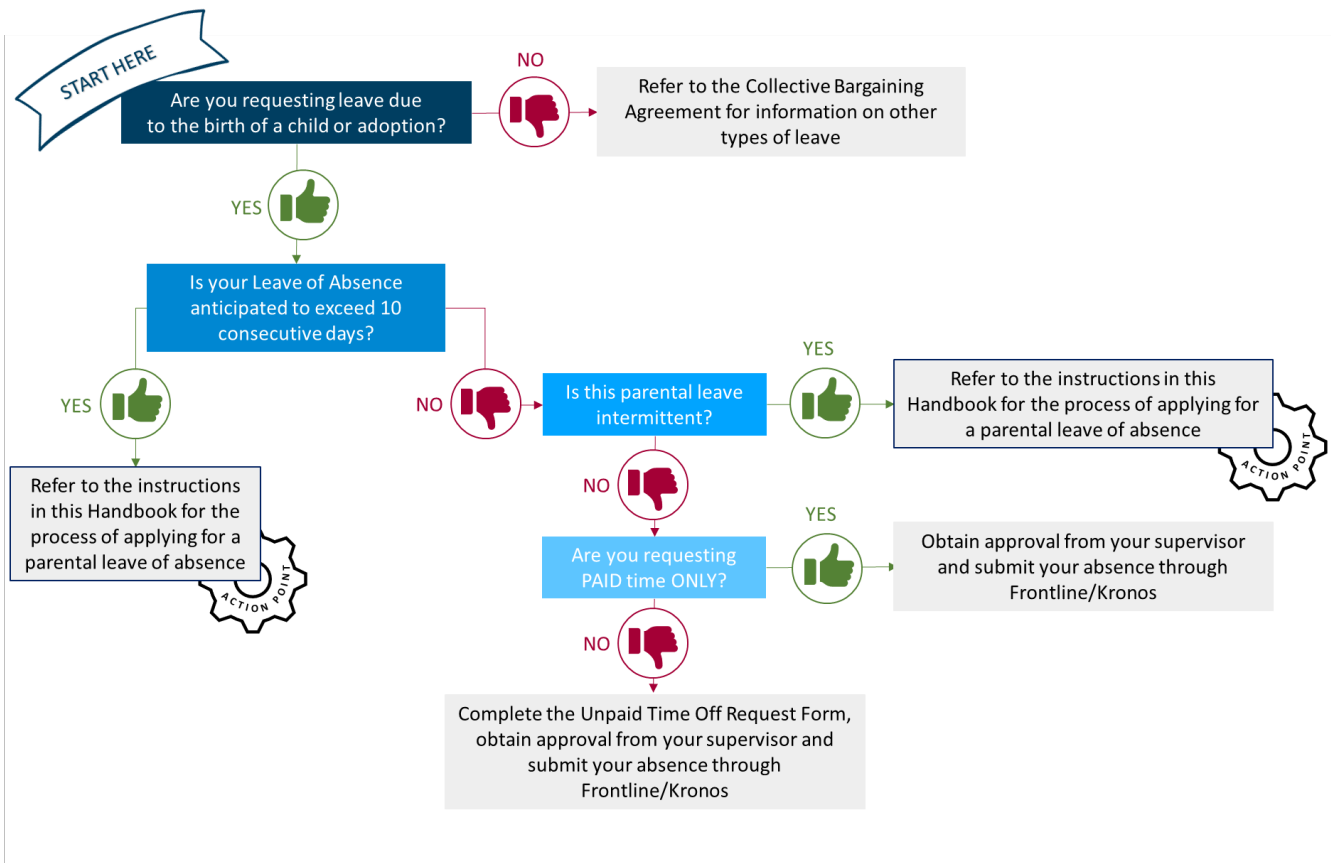
Mailing address:

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 leave after the adoption or birth of a child and anticipates being absent from work for **more than ten (10) consecutive days**.

Intermittent leave (taken in separate blocks of time) and **Partial leave** (reduction in working hours), generally are not approved for this event. If you are considering taking this type of leave, please contact your HRBP for other options.

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

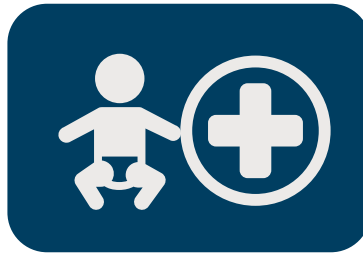
- You are taking an unpaid absence for 10 days or fewer. In this case, submit an [Unpaid Time Off Request Form](#) and after approval, report your absence in Frontline.
- You are taking a paid absence for 10 days or fewer. Consult your supervisor and submit the absence in Frontline. Supervisor approval 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 13 for guidance.



Leave Prior to Birth

Considered a medical leave, refer to the Medical Leave or Family Medical Leave Handbooks.



Childbirth Leave

Employee's medical temporarily disability after the birth of a child. 8-week period immediately after delivery only.



Child bonding leave

Employee's time to care and bond with a new child.

1. Parental Leave

Employees will be granted five (5) days of paid leave on the birth of a child under the following conditions:

- It must be used immediately after the birth of the child, unless it is a summer birth.
- If both parents are employed by the District, each is entitled to five (5) days of leave and parents may take their portion of the childbirth/adoption/foster placement leave at the same time or separately.
- In the case of summer birth (non-accountable days during the months of June, July, and August) employees may use these five (5) paid days starting on the first accountable day of the following school year.

2. Sick Leave

Employees may use their available sick leave balances for leave immediately following childbirth and/or for child bonding, as long as the leave is taken within the same school year as the childbirth date.

For births occurring during the summer months (June, July, and August, when there are no accountable workdays), employees may use their available sick leave balances beginning on the first contracted workday of the new school year, until those balances are exhausted.

3. Personal Leave

Personal leave may be combined with sick leave balances for childbirth and child bonding leave. Employees may also use personal leave prior to the due date or birth.

If healthcare provider requests medical leave prior to birth and employee provides [Employee Health Care Provider Certification](#) form for sickness or disability related to pregnancy, may use sick leave balances for leave prior to birth. This will be considered a Medical Leave. Refer "Applying for an [Employee's Medical Leave Handbook](#)".

4. 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 and vacation leave to qualified employees for the event of medical leave (pregnancy disability) and parental leave (sixteen (16) weeks after birth for childbirth and child bonding)

To receive shared leave donations for childbirth and/or child bonding, submit to your Regional HRBP:

- Complete the **Application to Receive Shared Leave Donations** (Page 1) electronically.
- The second page of the application is not required.

To receive shared leave donations for pregnancy disability, 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.





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 15](#), for more information about Shared Leave Donations.

5. 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.

Who can take FMLA

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.

What is an employee entitled for under FMLA

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:

- The birth of a son or daughter, and to bond with the newborn child.
- For the placement with the employee of a child for adoption or foster care, and to bond with that child.

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.

6. 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 to bond with a new child.
- Take up to sixteen (16) weeks of combined medical (Childbirth) and family leave (Child bonding) if you have events covered by both in the same claim year.
- Take up to eighteen (18) weeks of combined medical (Childbirth) and family leave (Child bonding) and if you are experiencing a condition during pregnancy that results in incapacity, like being put on bedrest or experiencing postpartum depression.
- 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 you are experiencing one or more of the following qualified events:

- Bonding with a new child coming into your family through birth, adoption, or foster placement.
- Recovery or treatment for your own serious health condition or injury. This includes recovery from childbirth.

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

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 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 10 "What happens to my health benefits when I go on leave?"](#))

7. Childcare Leave

Per **Art. 39 in the current NSEA Certificated Collective Bargaining Agreement** employees can take Unpaid Childcare leave after childbirth and child bonding leave.

Unpaid childcare leave shall be extended at the employee's request until the beginning of the school year following the birth, adoption, or permanent custody of a child. It can also be extended to the following school year, and it should last a full year.

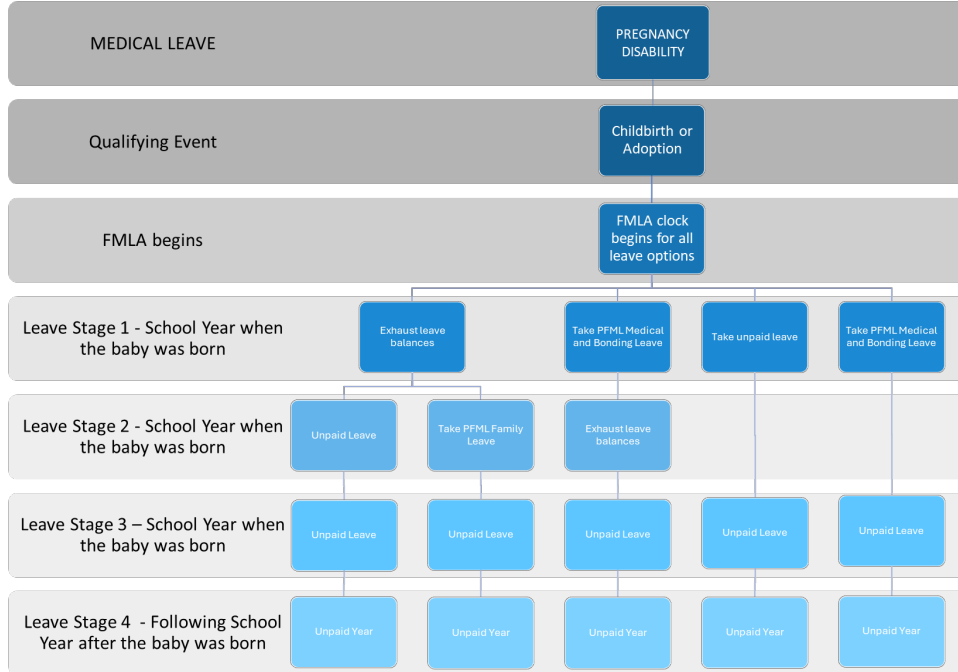
8. Other leave options

- If you are experiencing medical disability due pregnancy and/or delivery, you may apply for Medical Leave. Refer ["Applying for an Employee's Medical Leave Handbook"](#).



- Employees needing to take care of a partner experiencing medical disability due pregnancy and/or delivery, and/or a newborn or child with medical challenges, may apply for a leave to care of a family member. Refer "[Applying for Leave to Care for a Family Member Handbook](#)".

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 Parental Leave of Absence.
-  Complete and get approval 60 days prior to the start of 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 (when applicable) with the revised dates, regardless of the duration.

Follow these steps when applying for 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
1433 HOURLY SICK LEAVE BALANCE				
Personal Leave Balance				
			Current Balance:	32.00000
7/31/23	2361009	3232 - PERSONAL LV ACCRUAL	16.00000	32.00000
7/31/22	2261007	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 parental 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 parental 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.



Optional:

Complete the Receive Shared Leave Donations Application: Complete the Application form electronically only if you are participating in this program (Page 16) and download the [Medical Professional Authorization for Employee to receive Shared Leave Donations](#).

If you are applying for medical leave prior to birth due to disability during pregnancy, download the [Employee Health Care Provider Certification](#). Refer "Applying for an [Employee's Medical Leave Handbook](#)".

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.

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□

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.

8□

Absence recording while on leave: When you are on an approved Leave of Absence, you are required to record all absences in Frontline.

If you have not planned with your Administrator for a Substitute or a Leave Replacement, the absence must be reported as "Substitute Required".

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.



10□

Extending Leave of Absence: If you require you to extend your already approved leave of absence, meaning changing your return-to-work date, you will need to contact your Regional HRBP thirty (30) days 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 hrbenefits@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.

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 are 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.

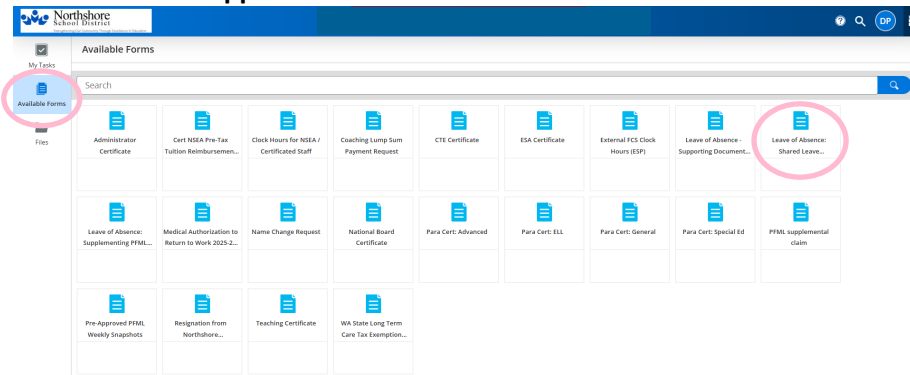


Additional information

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.

To receive shared leave donations for childbirth and/or child bonding, the second page of the application is not required. Unless you have selected Bullet H: for pregnancy disability.

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

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

7. **Download the Second Page** of the application (click "Download second page" link). Have your healthcare provider complete and sign the second page.



Leave of Absence: Shared Leave Application 2526 SY

- I must have abided by the district's policies and procedures regarding sick leave.
- 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.
- 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: 09/08/2025

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

Close Print Print as PDF Save Draft Save Final

8. Return to TalentEd Records and **upload the completed second page** as an attachment. See [page 19](#).

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: Childbirth

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

Childbirth - Due Date: mm/dd/yyyy

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

Select Childbirth in Section 2 and enter due date.

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.

Intermittent (taken in separate blocks of time) leave and Partial leave or a reduction in working hours, generally are not approved for this event.

If your due date 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"/>

[Click to sign here](#) ← Sign document



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 Information
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. If you are applying for medical leave prior to birth due to disability during pregnancy, follow these steps to upload the **Employee Health Care Provider Certification** and/or the **Medical Professional Authorization for Employee to receive Shared Leave Donations**:

- 2.1. Go to **TalentEd Records** (records.nsd.org).
- 2.2. In the left-hand menu, click **Available Forms**.
- 2.3. Select **Leave of Absence: Supporting Documents 2025-26 SY**.

Northshore School District

Available Forms

Search

Mo Tasks

Files

Administrator Certificate

Cert NSEA Pre-Tax Tuition Reimbursemen...

Clock Hours for NSEA / Certificated Staff

Coaching Lump Sum Payment Request

CTE Certificate

ESA Certificate

External FCS Clock Hours (ESP)

Leave of Absence - Supporting Document...

Leave of Absence: Shared Leave...

Leave of Absence: Supplementing PFML...

Medical Authorization to Return to Work 2025-2...

Name Change Request

National Board Certificate

Para Cert: Advanced

Para Cert: ELL

Para Cert: General

Para Cert: Special Ed

PFML supplemental claim

Pre-Approved PFML Weekly Snapshots

Resignation from Northshore...

Teaching Certificate

WA State Long Term Care Tax Exemption...

2.4. 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

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

2.5. 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](#)

2.6. 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:

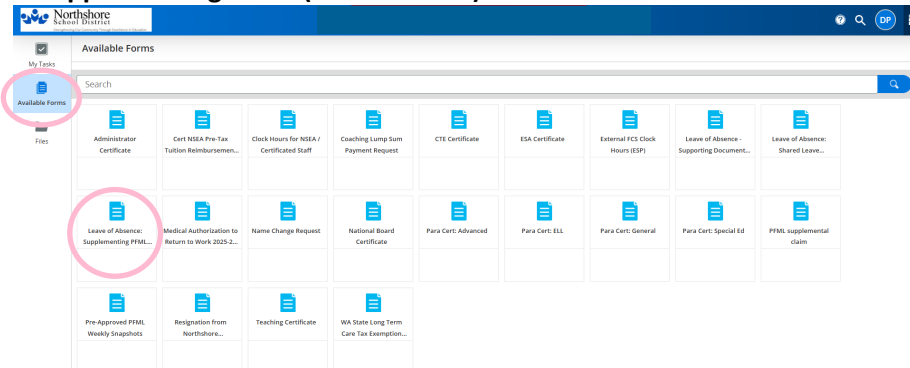
- Supplemental status must be continuous.
- Leave plan specifying supplementing PFML period, must be communicated to your Regional HRBP in advance and once your leave is approved, this cannot be changed or adjusted.
- Weekly screenshots of your claims must be submitted via Records. If you do not submit 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 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)**.



3. **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

4. 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

5. 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: [Redacted]
Date: 9/12/2025

Signature (required): [Redacted]

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
D2H7Y5YXYL0-2

Claim Status
Approved

Claim Type
Medical

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 sidebar has a 'My Tasks' section with a checkmark icon and an 'Available Forms' section with a document icon circled in pink. Below the sidebar is a 'Files' section with a folder icon. The main content area has a search bar and a grid of form tiles. The 'Pre-Approved PFML Weekly Snapshots' tile is circled in pink. Other tiles include 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, and PFML supplemental claim.

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: [23]

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

Please Click to View/Hide the Workflow

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

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

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).