



Request for Leave of Absence

Employee Name _____ **Work Location** _____
Please PRINT complete legal name

Position(s) (please list all positions – *teacher, coach, etc.*) _____

I request a leave of absence for the period of: _____
Expected FIRST DAY OFF WORK **Expected LAST DAY OFF WORK**

Full Time Leave - Hours/day _____

Part Time Leave - Hours requested or FTE _____ **Expected FIRST DAY RETURN TO WORK** _____

Please select reason for leave request:

- | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Medical* | <input type="checkbox"/> Vacation (260 Day employees only) |
| <input type="checkbox"/> Maternity*/Paternity | <input type="checkbox"/> Personal (Supervisor approval is required) |
| <input type="checkbox"/> Adoption of a child | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Military (copies of official orders are required) | <input type="checkbox"/> Educational/Professional |
| <input type="checkbox"/> Bereavement - relationship to deceased: _____ | |
| <input type="checkbox"/> Leave without pay - please list reason: _____ | |
| <input type="checkbox"/> Other - please list reason: _____ | |

***Maternity and medical leave in excess of five (5) days require a physician's certificate before leave can be approved. Medical leave also requires a doctor's release to return to work.**

	Number of days
I would like to use my available sick leave (if applicable) for this leave request.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
I would like to use my available personal leave (if applicable) for this leave.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
I would like to use my vacation leave (if applicable) for this leave request.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> I intend to apply for Washington Paid Family Medical Leave. (Classified & Non-Rep staff cannot use sick/personal leave and WA PFML concurrently.)	

I have entered this leave of absence into the ReadySub absence reporting system. If my leave date(s) change it is my responsibility to ensure that the days are reported accurately into ReadySub. *I understand that entering this absence into ReadySub does NOT constitute approval of the leave of absence request.*

I understand that this request for a leave of absence is subject to the terms and conditions of my collective bargaining agreement and/or Board Policy. I understand that the Executive Director of HR determines final approval of this request and that if I need to revise my return-to-work date I will notify HR by submitting a new leave request form and provide an updated physician's certificate if required.

Employee Signature

Date

Supervisor/Principal Signature/Approval

Date

Recommend Not Recommended

Executive Director of Human Resources

Date

Approved Denied
 HR Use Only - FMLA Eligible Yes No

After Supervisor approval send Original to District Office. Keep copy at the building.