



Payroll

Request for Maternity/Paternity/Parental Leave

Employee Name: _____ Date: _____

Building/Dept.: _____ Position: _____ Hours/FTE: _____

Check if your position requires a substitute ☐

Estimated Due Date: _____ District Email Address: _____

I anticipate my leave to begin on _____ I anticipate returning to work _____

You have been with the district at least 12 months and have worked enough hours to qualify for Federal FMLA.

Federal Family & Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for up to 12 work weeks (60 days). To be eligible for this type of leave, you must have worked for the district at least 12 months and have at least 750 hours of service during the 12 month period immediately preceding the leave. Click below for more information about Federal FMLA.

[Federal FMLA Employee Rights & Responsibilities](#)

[Federal FMLA Fact Sheet](#)

You may also qualify for Washington State Paid Family and Medical Leave (PFML).

Washington employees who have worked 820 hours or more in the qualifying period are eligible for state Paid Family and Medical Leave (PFML). State PFML is composed of two separate types of leave. Medical Leave, which can only be used during the actual period of pregnancy recovery, and Family Leave for bonding with your child. State PFML does not automatically continue your district insurance. You must overlap your Federal FMLA with State PFML by at least one day for the district to continue making contributions to your insurance benefits. You are still responsible for any out-of-pocket premiums. Click below to read more about State PFML.

[Washington State PFML](#)

Leave Options: Select your paid leave choice(s)

While on leave, you have the option to use your district accrued leave or use WA State PFML.

I anticipate using WA PFML Medical from: _____ to _____

I anticipate using WA PFML Bonding time from: _____ to _____

I anticipate using my accrued leave from: _____ to _____

I anticipate requesting Share Leave: ☐Yes ☐No

If provided 30 days in advance, the anticipated start date and duration for using PFML serves as official employer notice for WA State Paid Family and Medical Leave.

☐ I understand that I cannot use District accrued leave at the same time I am receiving WA PFML, other than as supplemental pay.

☐ I have informed my supervisor _____ of this maternity/parental leave request.

Employee Signature _____ Date _____

For Payroll Use Only: Notification to principal, office manager, substitute services & HR completed on _____