



Payroll

Request for Medical Absence FMLA, PFML, or Other Medical Circumstance

Employee Name: _____ Date: _____

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

☐ Check if your position requires a substitute

☐ Initial Application for FMLA

☐ Amendment to FMLA that began on _____

Anticipated Duration of Leave:

Begin Leave Date: _____

End Leave Date: _____

Reason for Requested Leave:

☐ Own injury/illness (not work-related)

☐ Military Caregiver Leave

☐ Care for Injured/Ill Family Member

☐ Qualifying Exigency Leave

☐ Work-Incurred Injury/Illness

☐ Military

For pregnancy/disability, maternity/paternity leave, and parental bonding leave, please use the Maternity/Paternity/Parental leave form.

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 my accrued **sick** leave from: _____ to _____

I anticipate using my accrued **personal** leave from: _____ to _____

I anticipate requesting Shared Leave: ☐ Yes ☐ No

Briefly describe the circumstance of your request to take leave from your assignment:

Employee Signature _____

Date _____