



Certificated Leave Request Form (5+ Days)

This form is to be completed and returned to Human Resources when an extended leave (5+ days) is being requested. In addition to this form, employees must provide the required documentation associated with the type of leave applied for, as noted in the Leave Type section. **Please contact the following HR Data Analysts with any questions:**

Ryanne Baldaccini (Last names A-K) at baldaccinir@issaquah.wednet.edu; 425-837-7116
or **Kennedy Harder** (Last Names L-Z) at harderk@issaquah.wednet.edu; 425-837-7057

Employee Name _____

Home Address _____ City _____

State _____ Zip _____ Home/Cell Phone _____ Work Phone _____

School District Email _____@issaquah.wednet.edu Job Title _____

Principal/Supervisor Name _____ Worksite _____

FTE: _____

Days Worked: M ☐ T ☐ W ☐ TH ☐ F ☐

Hours Worked: M _____ T _____ W _____ TH _____ F _____

Personal Email _____

Leave Request Dates

Leave Start Date _____ Anticipated Return-to-work Date _____

Requested Leave Time

Check all that apply:

- ☐ Full time Leave (off work all day, every day, for an extended period)
- ☐ Part time/Reduced Schedule Leave: Hours/Days I will NOT work: _____
- ☐ Intermittent Leave (off work as needed).

Leave Type

Check all that apply:

Five to 10 days of Leave

- ☐ Illness/Injury/Medical Leave (5-10 days)
 - Required form: Note from Healthcare Professional
- ☐ Emergency Leave (5+days)
 - Required form: Note from you indicating need/purpose for emergency leave
- ☐ Personal Leave (5+days)
 - Required form: Note from you indicating purpose of personal leave >5 days
- ☐ Unpaid Leave
 - Required form: Note from you indicating purpose of personal leave >5 days

If your leave request is for 5-10 days, proceed to "Employee Leave Notice" on page 3. If greater than 10 days, continue here:

Greater than 10 days of Leave (paid or unpaid)

- ☐ Employee's Serious Health Condition**
- ☐ Family Member's Serious Health Condition**
- ☐ Maternity Leave
 - Required form: Provide the HR Department with note from your doctor with expected due date.
- ☐ Parental Leave
 - Required form: Provide the HR Department with a document that verifies the child's date of birth or date of adoption/foster placement.
- ☐ Unpaid Leave
 - Required form: Note from you indicating need/purpose for unpaid leave
- ☐ Childcare Leave (see your applicable collective bargaining agreement for this option).
- ☐ Military Family Leave - Qualifying Exigency
- ☐ Military Caregiver Leave

**For purposes of FMLA, "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

Incapacity means the inability to work, attend school or perform other regular daily activities due to a serious health condition (or treatment for or recovery from a serious health condition).

Treatment includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations of the condition. It does not include routine physical, eye or dental examinations.

Inpatient care means an overnight stay in a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care.

Continuing treatment by a health care provider includes several distinct definitions and can include conditions with short-term, chronic, long-term or permanent periods of incapacity.

Leave Coverage

While you are on a Leave of Absence, you need to tell us how you want your absences from work to be recorded, as paid, or unpaid.

Questions Regarding your Leave (Greater than 10 days)

Select the applicable options using the checkboxes next to each question.

Are you applying for the Washington State Paid Family Medical Leave (WA-PFML)? Yes ☐ No ☐

If Yes, indicate dates you will be claiming WA-PFML with the State?

From _____ To _____

(To apply, [you will need to create an account](#) and then [follow these application instructions](#).) While collecting WA-PFML, you will not be paid from the District.

1. To be paid by the ISD, you must use your available Sick Leave during your Leave. If your position also earns Personal Leave, do you also want to use Personal Leave? Yes ☐ No ☐
2. Are you applying for Shared Leave? (For more information and to apply, see the [Leave Share Application](#) and return to Ryanne Baldaccini or Katrina Whitley in HR with this form). Yes ☐ No ☐

NOTE: If you marked "Yes" for #2, you must first use your accrued Sick Leave and Personal Leave before using Shared Leave. You can however keep a reserve of up to forty (40) hours of Sick Leave (if applicable). See the Leave Share Application for marking this option.

Employee Leave Notice

Upon application for leave, the HR Department will notify your supervisor of your request. Please inform your supervisor in advance of submitting your leave request.

Employee Benefits

Taking a leave-of-absence, in some instances, may cause a termination of your health insurance benefits. If you have questions call the Benefits Helpline at (425) 837-7065. If the reason for your leave (i.e., childbirth) will cause a change to your benefits, please make those changes through your SEBB account within 60 days of the event.

Paycheck and Step/Experience Increase

A paid leave through the district will draw down your accrued leave balance(s). Depending on the length of an unpaid leave, you may not receive a paycheck until you return to active employment, see [How Unpaid Leave Affects Your Pay](#). An unpaid leave can affect your retirement service credit and accrual of sick leave. Additionally, a leave of absence may cause you to not receive a step increase (please refer to your applicable collective bargaining agreement).

Return to Work

When returning from any surgery or a medical leave of 10 days or more, you must submit the [Return-to-Work form](#) to Ryanne Baldaccini or Kennedy Harder before your return date for clearance to return.

You must notify the District of your intent to return or retire/resign for the following school year by February 1st of the year the leave expires.

Right to Return

Your right to return to your position is protected in part when you are FMLA or PFML qualified, and/or per any applicable collective bargaining agreement. Please review your collective bargaining agreement and/or contact your union representative for details concerning your right to return to your position. If approved, a multi-year leave may cause you to be displaced from your position. Be advised, if you do not return to work on or before your right to return date, you may lose your right to your position and/or your employment may be terminated.

Employee Acknowledgement

I have read the Employee Leave Notice section and understand that my request for leave will be communicated to my supervisor, could cause changes to my employee benefits, my paycheck, my retirement service credit, my leave accrual, prevent me from receiving a step/experience increase, and affect my right to return to my position.

Employee Signature _____ Date _____

Required Documentation

Select an option below:

☐ Attached

☐ Not attached, but will be provided within fifteen calendar days, by: _____

Form Submission

Return all pages of the Leave Request Form and the associated required documentation to the Leave Office (district mail, email, fax, or US mail):

Email: BaldacciniR@issaquah.wednet.edu
HarderK@issaquah.wednet.edu

Fax: 425-837-7064; Attention: Leaves

Mail:

Issaquah School District
HR Leaves
5150 220th Ave SE
Issaquah, WA 98029

Next Steps

Upon receipt of this form, the HR Data Analyst coordinating your leave will be in contact with you to discuss your request and the details of your leave. Please contact us with any questions:

Ryanne Baldaccini (Last names A-K) at BaldacciniR@issaquah.wednet.edu; 425-837-7116 or
Kennedy Harder (Last Names L-Z) at HarderK@issaquah.wednet.edu; 425-837-7057

District Leave Regulations

5401: Illness, Injury and Emergency Leave (Sick Leave)

5404: Family Leave

5404P: Family Leave Procedure

5406: Leave Sharing

5406P: Leave Sharing Procedure

5407: Military Leave

5407P: Military Leave Procedure

Leave Comparison

Here is a comparison of the types of leave that may be taken.

	FMLA (Medical or Bonding)	PFML (Medical or Bonding)	District Maternity Leave (IEA CBA & ISD Policy)	Unpaid Childcare Leave (IEA CBA & ISD Policy)
Pay	Unpaid ^①	Unpaid by ISD - up to 90% wage replacement by state ^②	Unpaid ^①	Unpaid
Administrator	Issaquah School District	WA Employment Security Department	Issaquah School District	Issaquah School District
Eligibility	820 hours worked previous school year	820 hours in qualifying period	In an eligible position (non-substitute/coach)	In an eligible position (non-substitute/coach)
Duration	12 weeks	12-18 weeks ^③	6-8 weeks immediately following birth ^④	Up to 2 years (or 2 partial years) ^⑥
Continuous or Intermittent	Either	Either	Continuous	Continuous
Job Protection	Yes	Yes	Yes	Yes
When Used	Within 1 year of qualifying event	Within 1 year of qualifying event	6 (or 8) weeks immediately following birth	After paid leave has been exhausted
Benefits	Continue during leave	Dependent on situation – contact Tessa Ruopp ^⑤	Continue during leave	Dependent on situation – contact Tessa Ruopp ^⑤
How to Apply	ISD Leave Request Form	Online at: https://paidleave.wa.gov/	ISD Leave Request Form	ISD Leave Request Form
Runs Concurrently?	Yes – FMLA & PFML run concurrently	Yes – FMLA & PFML run concurrently	No	No

① You can use your own accrued leave hours (Illness/Injury/Emergency or Personal) to remain paid during FMLA and District Maternity leave.

② You cannot use your accrued leave hours (Illness/Injury/Emergency or Personal) if your leave is PFML – you are paid a percentage of your wage by the state.

③ PFML duration depends on your situation. In general, it is:

- Up to 12 weeks for medical events or family bonding leave.
- Up to 16 weeks for combined medical (maternity) and family bonding leave (*i.e., 6 weeks medical for recovery from childbirth, 10 weeks family bonding*).
- Up to 18 weeks for combined medical (maternity) and family bonding leave in the event of c-section or other pregnancy-related complications (*i.e., 8 weeks medical for recovery from childbirth, 10 weeks family bonding*).

④ District Maternity Leave is the 6 weeks immediately following the child's birth, or 8 weeks in the event of c-section or other pregnancy-related complications.

⑤ Tessa Ruopp, Benefits Coordinator – RuoppT@issaquah.wednet.edu, ext. 7065

⑥ Your return from Unpaid Childcare Leave may depend on your position and building level. Per Article IX, Section F, Paragraph 3 of the IEA CBA: "Generally, the return date shall be at either the beginning of the school year or the beginning of second semester at the high school and elementary level, or following the first winter break at middle school. If a staff member's return would disrupt the final months of a school year, that leave shall carry over to the following school year. The overriding concern will be the program needs of the District."