



SNOQUALMIE VALLEY

SCHOOL DISTRICT

Leave of Absence

Complete this form if you are requesting a Leave of Absence (any absence of 11 or more consecutive days, whether paid or unpaid). Some leaves will require additional documentation.

Employee Name			Location		
Personal Email					
Position/Assignment					
Certificated Staff only: FTE of leave requested					
Classified Staff only: Hours/week of leave requested					
Anticipated start date of leave					First scheduled day missed
Anticipated end date of leave – add date <u>or</u> check box	Last scheduled day missed				☐ Last Day of Current School Year
Anticipated return to work date – add date <u>or</u> check box	First scheduled day back at work				☐ 1 st Day of upcoming school year
Reason for Leave	☐ Medical (medical certification required) ☐ Maternity (medical certification required) ☐ Paternity (documentation required) ☐ Other; describe below				
Additional Info (required for “other,” optional for all other reasons)					

Do you intend to apply for Washington Paid Family and Medical Leave (PFML)? See Page 2 for more information.

☐ Yes ☐ No

****Please consider carefully as you are planning your amount of leave hours. WAC 182-31-040 states an employee establishes eligibility for benefits when they are anticipated to work 630 hours from 9/1 through 8/31. See www.hca.wa.gov/SEBB for more information. Length and type of leave may impact an employee’s benefits.**

Employee Signature: _____ Date: _____

Supervisor’s signature indicates acknowledgement of the request.

Supervisor Signature: _____ Date: _____

-----**For Superintendent/Designee Use Only**-----

☐ Approved ☐ Denied

Signature: _____ Date: _____

-----**For Office Use Only**-----

Board Date _____ Approved _____ Denied _____

☐ New ☐ Revised ☐ Payroll Copied

Submit form to humanresources@svsd410.org –DO NOT send in a duplicate copy

Updated 6/8/2026

SNOQUALMIE VALLEY SCHOOL DISTRICT

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