



EXTENDED LEAVE GUIDE

Applying for an extended leave and understanding your rights and responsibilities can be confusing to navigate during an already challenging time. This guide is intended to provide generic guidance about:

1. Types of Leave
2. Eligibility Requirements for Each Type
3. Length of Leaves
4. Job & Benefit Protections
5. Application for Extended Leave (this form notifies the district that you would like to apply for an extended leave and begins the discussion/planning process).
6. Medical Certification
7. Return to Work Form

The circumstances of every extended leave are different and unique. While this guide is intended to give generic guidance, you should always consult with Human Resources (HR) on your specific extended leave needs. The HR office can be reached at (509) 559-4599.

Contact Information

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FMLA vs. PFML

What is the Family and Medical Leave Act (FMLA)?

The Family and Medical Leave Act (FMLA) is a federal law that allows eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for certain family and medical reasons. During FMLA leave, your employer must maintain your health care benefits.

To be eligible:

1. You must have worked for your employer for at least 12 months prior to initiating leave.
2. You must have worked at least 1,250 hours for the District during the 12-month period immediately preceding the leave.
3. You must have experienced a qualifying event per [WAC 357-31-525](#).

FMLA does not provide pay—it only protects your job and benefits during leave.

Reasons for Taking Leave

FMLA leave is provided to eligible employees for one or more of the following:

- The birth of a child, and to care for the newborn.*
- The placement of a child for adoption or foster care with the employee, and to care for the newly-placed child.*
- To care for an immediate family member (spouse, child, or parent) with a serious health condition.
- A child in need of parental care must be either under 18 years of age *OR* 18 years of age or older and incapable of self-care due to mental or physical disability.
- A serious health condition that renders the employee unable to perform the essential functions of his or her job.
- For any qualifying need arising out of the fact that an immediate family member (spouse, child, or parent) who is a military member on covered active duty or called to covered active-duty status.

**FMLA leave to care for a newborn child or newly-placed child expires 12 months after birth or placement.*

Prohibited Action

FMLA makes it unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by this law. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA. Employers cannot use the taking of FMLA leave as a negative factor in employment actions such as hiring, promotions, or disciplinary actions.

Enforcement

The Wage and Hour Division of the US Department of Labor investigates complaints regarding FMLA violations.

What is Washington State Paid Family and Medical Leave (PFML)?

PFML is a state-run program that provides paid time off for eligible workers in Washington to care for themselves or family members during major life events. Unlike FMLA, PFML offers wage replacement during your leave. PFML can offer wage replacement (up to 90%) and the employee must be on unpaid leave while claiming. PFML provides up to 12 weeks of paid leave (up to 16-18 weeks for pregnancy incapacity/birth). Employees *may* qualify for job protection and continuation of health care benefits.

To be eligible:

1. You must have worked at least 820 hours in Washington during the qualifying period.
2. You must have experienced a qualifying event per PFML.

PFML eligibility and approval is entirely between the employee and the Washington State Employment Security Department who manages the PFML program.

Does FMLA have an impact on PFML job protection and PFML health care benefit continuation?

As of January 1, 2026, employers retain the right to count the 12 weeks of FMLA leave against the total amount of PFML job protected leave, including future PFML, within a 12-month period.

An employee is no longer entitled to stack 12 weeks of FMLA job protection and 12-18 weeks of PFML job protection consecutively.

If you qualify for job protection under PFML and have not exhausted 12 weeks of FMLA job protection, then your employer must maintain existing health benefits when you're receiving PFML benefits.

QUICK COMPARISON

	FMLA (Federal)	PFML (State Program)
Pay	Unpaid ^①	Up to 90% wage replacement ^②
Purpose	Job and benefit protection	Wage replacement ^③
Who Administers?	Cheney School District	WA Employment Security Department
Eligibility	- 12 mo. with employer prior to leave - 1,250 hrs. worked in 12 mo. preceding leave - Qualifying event	- 820 hrs. worked in WA in past year - Qualifying event
Duration	12 weeks (applied as 60 work days)	12-18 weeks ^④
Continuous or Intermittent	Either	Either
Job Protection	Yes	Yes, if 180 days employed with employer ^⑤
Health Insurance	Continues during leave	Continues if job-protected under PFML (180 days hit) ^⑤
How to apply	Extended Leave Request Packet	Apply online at: https://paidleave.wa.gov

① You can use earned paid time off (sick, personal and/or vacation).

② You cannot use Paid Time Off (sick, personal and vacation) if your LOA is also tapping into PFML, except for weeks you do not make a claim (see FAQ items #4 and #5).

③ If eligible, may qualify for job and benefit protection.

④ PFML duration depends on your unique situation. In general, it is:

- Up to 12 weeks for medical leave or family leave.
- Up to 16 weeks for a combined medical and family event (i.e., 4 weeks recovery from childbirth, 12 weeks bonding).
- Up to 18 weeks if a serious, incapacitating pregnancy-related condition occurs (6 weeks medical/recovery, 12 weeks bonding)

⑤ Employer retains the right to count FMLA leave against the total amount of PFML job protected leave.

FREQUENTLY ASKED QUESTIONS

What is a serious health condition?

- A “serious health condition” is listed as a definition within [RCW 50A.05.010](#) (23)(a).

Can I use intermittent FMLA leave?

- Yes. The employee must adequately demonstrate the medical need for a reduced or intermittent leave schedule. In addition, the employee must work with their supervisor to determine a mutually agreed upon schedule.

If my spouse also works for the District, do we both get the full 12 weeks of FMLA leave?

- Eligible spouses who work for the same employer are limited to a combined total of 12 workweeks of leave in a 12-month period for the following FMLA-qualifying reasons:
 - the birth of a son or daughter and bonding with the newborn child,
 - the placement of a son or daughter with the employee for adoption or foster care and bonding with the newly-placed child, and
 - the care of a parent with a serious health condition.

How will my extended leave affect my paychecks, medical premiums, and normal payroll deductions?

- Pay is dependent on a number of factors. Please contact your payroll specialist for all questions related to your pay.
 - Classified Payroll Specialist – (509) 559-4560 / Certificated Payroll Specialist – (509) 559-4504

Do I apply through my employer or the state?

- FMLA is managed by your employer; apply by submitting the application for extended leave packet.
- PFML benefits are managed by the Washington Employment Security Department; apply at <https://paidleave.wa.gov>.

Will my health insurance continue?

- There are several scenarios to keeping your benefits intact:
 - Benefits must stay intact through the duration of your FMLA leave, if eligible.
 - Benefits provisions with PFML as of 1/1/26, if eligible.
 - Per SEBB, employees are eligible for continued health benefits if anticipated to work, or have already worked, 630 hours in the school year. Benefits would remain through the end of the school year (August).
 - Sick/personal leave counts as “work days”
 - Link to COBRA premiums (what you would pay if benefits with the district are ended):
<https://www.hca.wa.gov/employee-retiree-benefits/sebb-continuation-coverage/medical-dental-and-vision-plan-premiums>
- Employees may have to pay their portion of medical premiums directly to payroll if their paycheck does not cover those deductions.
 - If an employee goes three (3) consecutive months without submitting payment for health care premiums, coverage may be ended.

How do I know what my current leave balances are?

- You should always check your leave balances in Red Rover, balances are updated in real time as you enter absences.
- If you take any unpaid leave, your leave allocations for the current school year will be prorated.

Where can I find my applicable Collective Bargaining Agreement?

- PSEC: <https://www.cheneysd.org/our-district/department-directory/human-resources/public-school-employees-of-cheney-psec>
- CEA: <https://www.cheneysd.org/our-district/department-directory/human-resources/cheney-education-association-cea>
- CAA: <https://www.cheneysd.org/our-district/department-directory/human-resources/cheney-administrators-association-caa>

I am still confused, who can answer my questions?

HR is here to help! This topic can be very confusing and every extended leave is unique and different. We strongly suggest you make an appointment with HR (contact hr@cheneysd.org) to talk about leave options.

APPLICATION FOR EXTENDED LEAVE

Complete fields below, obtain supervisor signature and submit to HR. Forms submitted without supervisor signature will be returned.

Employee Information

Name: _____ Position: _____
Building/Department: _____

Type of Leave Requested (Check all that apply)

- | | |
|---|--|
| ☐ Serious Health Condition (self)* | ☐ Parental Leave - Adoption or Foster |
| ☐ Military Leave (<i>must be accompanied by official orders</i>) | ☐ Parental Leave - Birth of Child* |
| ☐ Domestic Violence | ☐ Personal Leave |
| ☐ Family Member's Serious Health Condition* | ☐ Other (specify): _____ |
| ☐ Child | _____ |
| ☐ Spouse | _____ |
| ☐ Parent | |

*Requires initial medical documentation and updates every 30 calendar days thereafter.

Anticipated Leave Dates

Start Date: _____ End Date: _____
Return Date: _____ Type: ☐ Continuous ☐ Intermittent
If intermittent, proposed schedule: _____

WA Paid Family & Medical Leave (PFML)

Will you be applying or have you applied for PFML benefits through the Employment Security Department? If yes, PFML provides weekly pay (up to 90%) while on unpaid leave with the District.

☐ Yes ☐ No

Shared Leave

Do you intend to apply for Shared Leave through the District? Prior to utilizing donated leave, you must exhaust your accrued PTO. If applying for parenting leave, you may reserve 40 hours of sick leave.

☐ Yes ☐ No

If you plan to use a variety of leave sources, please indicate the order in which you prefer to use each type of leave and then indicate the dates you will be using each type.

☐ Sick Leave	Dates to use: _____	☐ Exhaust this leave
☐ Personal Leave	Dates to use: _____	☐ Exhaust this leave
☐ Vacation (<i>if applicable</i>)	Dates to use: _____	☐ Exhaust this leave
☐ Unpaid Leave	Dates to use: _____	
☐ Unpaid/PFML Leave	Dates to use: _____	
☐ Other: _____	Dates to use: _____	

For use upon my return, I elect to reserve:

_____ Sick Leave Hours _____ Personal Leave Hours _____ Vacation Hours

Signature

Employee Signature: _____ Date: _____
Supervisor Acknowledgement: _____ Date: _____

**Application for Extended Leave Employee Acknowledgment
(initial and sign)**

I understand and agree to the following provisions:

- _____ Approval is required for all extended and intermittent leave requests.
- _____ A proposed intermittent leave schedule must be coordinated with your supervisor and HR.
- _____ Approval is required for unpaid leave. Consideration for approval of unpaid leave that is not medical in nature is limited to unique circumstances and opportunities.
- _____ I may be required to exhaust my paid sick, personal, or vacation leave before entering into an unpaid leave status.
- _____ If I enter into an unpaid leave status, I may be responsible for the cost of my medical premiums or I may be shifted to COBRA.
- _____ If I am responsible for the cost of medical premiums and do not remit payment for three consecutive months, my benefits may be terminated.
- _____ If I enter into an unpaid leave status, my retirement deductions may be adjusted and my earned service credit may be affected.
- _____ If I enter into an unpaid leave status, my FTE will be reduced based on my unpaid hours which may impact my years of experience and placement on the salary schedule.
- _____ If I enter into an unpaid leave status, my leave allocations will be prorated.
- _____ My employer retains the right to count FMLA leave against the total amount of PFML job protected leave.
- _____ I recognize that I may be contacted monthly by HR and will be required to provide updates on my leave and return to work.
- _____ If I do not return to work on the scheduled return date and do not contact HR, it may be considered abandonment, and my right to return to work may be forfeited.
- _____ I have read and understand the criteria that will be used to determine my eligibility to participate under the provision(s) of the Family and Medical Leave Act and the appropriate Collective Bargaining Agreement, if applicable.

I hereby certify that the information provided on this form is true and correct. I further agree to immediately notify the District of changes in circumstances relating to my leave.

Employee Signature: _____ Date: _____

Physician or Practitioner Certification
Employee Health Condition

Employee Name: _____ Date: _____

Is the medical condition pregnancy? ☐ No ☐ Yes

If so, expected delivery date: _____

Diagnosis: _____

Date of condition onset: _____

Probable duration of condition: _____

Probable duration of incapacity: _____

Expected return to work date: _____

Episodic incapacity: ☐ YES ☐ NO

Reduced work schedule required: ☐ YES ☐ NO

Effective date: _____

Describe medical necessity: _____

End date: _____

Other reasonable accommodation required: ☐ YES ☐ NO

Describe: _____

Physician or Practitioner Information

Print Name of Physician or Practitioner: _____

Office Address: _____

Type of Practice/Medical Speciality: _____

Phone: _____ FAX: _____

Signature of Physician or Practitioner _____

Date _____

Return Certification to:

Human Resources
Cheney Public Schools
12414 South Andrus Road
Cheney, WA 99004

Phone: 509-559-4539

FAX: 509-559-4575

Physician or Practitioner Certification
Employee Return to Work

Employee Name: _____ **Date:** _____

Is the employee now able to perform those essential functions of his or her position that he or she could not previously perform because of the serious health condition for which the employee has been on leave?

☐ No ☐ Yes ☐ Yes, with restrictions

Employee released to return to work effective: _____ (date)

If the employee is released to return to work but is restricted in his or her ability to perform the essential functions of his or her position as a result of the serious health condition for which the employee has been on leave, please detail those restrictions:

The foregoing restrictions are: ☐ Permanent ☐ Temporary, until: _____ (date)

Physician or Practitioner Information

Print Name of Physician or Practitioner:

Office Address:

Type of Practice/Medical Speciality:

Phone:

FAX:

Signature of Physician or Practitioner

Date

Return Certification to:

Human Resources
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12414 South Andrus Road
Cheney, WA 99004

Phone: 509-559-4539

FAX: 509-559-4575