

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: _____