

Request for Medical Leave

Employee Name: _____ Date: _____

Building/Dept.: _____ Position: _____ Personal Email Address: _____

☐ (Initial) I have notified my building Administrator/Director of the dates of my upcoming leave.

I anticipate my leave to begin on _____ I anticipate returning to work _____

☐

Continuous Leave

☐

Intermittent Leave/Reduced Work Schedule

I am requesting Medical Leave for the following reason:

☐

Birth of a child (including paternity leave, adoption leave, and bonding with a newborn) My

☐

own serious health condition

☐

To care for a family member during their serious health condition

○ Identify the family member: _____

☐

Military member on covered active duty or call to covered active-duty status.

Paid Leave Options: Select your paid leave choice(s) additional details are below

I anticipate using my District accrued leave (Sick Leave-Personal Leave-Vacation: _____ to _____

- (This will be designated **FMLA if I qualify**)

I anticipate applying for State Paid Family Medical Leave (PFML) from: _____ to _____

(Please Initial All Below)

☐

Medical Certification: If a physician's certification is provided, I may use my accrued leave if available. If a physician's certification is not provided, my time off may be denied, and my leave will be unpaid.

☐

Physician Release: Upon return to work, I will provide a physician's release authorizing my return to work if the leave was for my own serious health condition.

☐

Coverage (if applicable): I understand that I need to enter my leave in Ready Sub with the **correct leave** being taken, and/or arrange substitute coverage with my building OP V or administrator/supervisor.

☐

I agree to immediately notify the district of changes in circumstance relating to my medical leave.

You may qualify for Federal FMLA.

Federal Family & Medical Leave Act (FMLA) entitles eligible employees to take unpaid job-protected leave for up to 12 workweeks. To be eligible for this type of leave, you must have worked for the district for at least 12 months **and** have at least **1,250 hours** of service during the 12-month period immediately preceding the leave.

FMLA informational website: <https://www.dol.gov/agencies/whd/fmla>

You may qualify for Washington State Paid Family and Medical Leave (PFML).

Washington employees who have worked 180 days or more in the qualifying period may be eligible for **State Paid Family and Medical leave (PFML) Job restoration rights under PFML**. To qualify for WA PFML wage replacement benefits, an employee must have worked at least 820 hours in Washington State. They may pay up to 90% of your weekly wage but not more than **\$1647 (2026)**. You can qualify for 12 – 18 weeks. State PFML is administered directly through the Employment Security Department (ESD). **District Staff can point you to related resources but do not work directly with this type of leave, approval and additional documentation is done with ESD.**

State PFML does not automatically continue your district insurance. You are still responsible for any out-of-pocket premiums. In addition, while on PFML and unpaid through the district, you will not earn retirement service credits during the leave duration. **To read more about State PFML click the link paidleave.wa.gov.**

Employee Signature _____

Date _____