Leave of Absence Request Form

Rev. 11/2026

Use this form to request a leave of absence of more than two workdays, or **any** leave (including intermittent or reduced-schedule leave) related to a serious health condition, a new child, or a military family need, regardless of length.

Submit the signed form to Human Resources at least 30 days before leave begins, or as soon as practicable if the need is unforeseen. **Do not write diagnoses or medical details on this form.** If you already have a note from your provider or a copy of your PFML certification, you may give it to HR with this form; HR will let you know if anything else is needed. Medical documents are kept confidential and separate from your personnel file.

FMLA and PFML at a glance

FMLA (federal law, handled by the district). Up to 12 weeks of job-protected leave a year for your own or a family member's serious health condition, a new child, or certain military family needs. FMLA itself is unpaid, but you can use your district leave, and your health benefits continue. You're generally eligible after 12 months with the district and 1,250 hours worked in the past 12 months.
Learn more: **dol.gov/agencies/whd/fmla**

PFML (Washington state program, run by ESD). Pays part of your wages (up to 90%, with a weekly cap) while you're on leave for similar reasons. You apply directly to the Employment Security Department. You're generally eligible after 820 hours worked in Washington in the past year, with job protection after 180 days with the district.
Learn more: **paidleave.wa.gov**

Together: when your leave qualifies for both, they run at the same time. Protected leave is usually up to 12 weeks; up to 16 if you need both medical and family leave in the same year (for example, recovering from childbirth and then bonding with the baby), or 18 with pregnancy complications. FMLA and PFML leave doesn't need supervisor or Superintendent approval; other leave is reviewed by the Superintendent and, if required, the Board. Questions? HR is happy to help: hrmailbox@sjisd.org.

Section 1: Employee information and leave request

Name _____ **Position** _____

Building / location _____ **Supervisor** _____

Best way to reach you during leave _____

Type of leave (check one)

☐ Continuous (full days away from work)

☐ Reduced schedule (fewer hours per day). Hours per day requested: _____

☐ Intermittent (separate blocks of time). Expected frequency and duration: _____

Reason for leave (check one; no medical details)

☐ My own serious health condition

☐ Pregnancy, childbirth, or prenatal care

☐ Caring for a family member with a serious health condition. Relationship: _____

☐ Bonding with a new child (birth, adoption, or foster placement). Date of birth/placement: _____

☐ Military family need (qualifying exigency or caring for a service member)

☐ Not health or family related: ☐ Personal ☐ Emergency ☐ Unpaid/extended ☐ Other. General purpose: _____

Dates

First day of leave _____ **Last day of leave** _____ **Return-to-work date** _____

Section 2: FMLA and Paid Family & Medical Leave (PFML)

Do you intend to apply for PFML through the Employment Security Department (paidleave.wa.gov)? ☐ Yes ☐ No ☐ Undecided

Please initial each statement

_____ The district determines my FMLA eligibility; ESD determines my eligibility for PFML benefits.

_____ If my leave qualifies under FMLA, the district will designate it as FMLA leave. FMLA and PFML run at the same time, so my job-protected leave is usually up to 12 weeks in total (up to 16 weeks if I take both medical and family leave in a year, or 18 with pregnancy complications).

_____ If HR asks for medical certification, I will return it within 15 calendar days.

_____ I will notify HR if my leave dates change.

_____ My health benefits continue during job-protected leave, and I remain responsible for my share of premiums.

_____ Leave beyond the job-protected period is not guaranteed and must be separately approved.

Section 3: Use of district leave

Order in which to use your district leave (number them; leave blank any you don't want used)

This order applies to days PFML doesn't pay, such as the PFML waiting week or leave before your claim is approved.

Order	Leave type	Order	Leave type
	Sick		Unpaid
	Personal / Vacation		Other (specify): _____

☐ I plan to request shared leave.

PFML follow-up (complete if you plan to apply for PFML)

Supplement your PFML pay with your district leave balances? ☐ Yes ☐ No

How supplementing works. PFML pays only part of your regular wages. If you choose to supplement, the district makes up the difference from your leave balances (sick leave first, then personal/vacation), up to your regular pay. Because the district treats this as a supplemental benefit, **do not report these hours on your weekly ESD claim**; reporting them reduces your PFML payment. Make your choice by the 20th of the month; it can't be changed retroactively. Supplementing is optional.

Your first week of PFML (the "waiting week"). ESD doesn't pay for the first week of most PFML claims. This doesn't apply to bonding with a new child, medical leave right after giving birth (the postnatal period), or military exigency leave; those are paid from the first week. If you'd like to be paid for the waiting week, you can use district leave, taken in the order you numbered above.

☐ If supplementing: I agree to email my weekly PFML payment statements to hrmailbox@sjisd.org within one week of receiving them.

If not supplementing, how will you pay your employee share of SEBB premiums?

☐ Deduct from my leave balance ☐ Check to HR by the 20th of each month, payable to San Juan Island School District

Section 4: Signatures

Role	Printed name	Signature	Date
Employee			
Supervisor			

Superintendent review (only for leave not protected by FMLA or PFML)

☐ Approved ☐ Not approved. Rationale if not approved: _____

Superintendent signature _____ **Date** _____

Board approval (if necessary): date of Board meeting _____ **Determination** ☐ Approved ☐ Not approved

Internal · HR use only

Leave Request: HR Processing Record

Rev. 11/2026

HR use only. Complete for every leave request, paper or online, and file with the request.

Employee _____ **Leave dates requested** _____

Eligibility, notices, and tracking

Date form received / how received (paper or email)	
FMLA eligible? (months employed / hours in prior 12 months)	☐ Yes ☐ No
PFML job protection eligible? (hire date / 180-day date)	☐ Yes ☐ No
FMLA leave year (start to end)	
FMLA used before this leave	
Job-protected time remaining (12 weeks typical; 16 / 18 combined max)	
Estimated job protection end date	
WH-381 sent	
ESD "FMLA Impact on Paid Leave Job Protection" notice sent (initial; then monthly)	
Medical documentation received (provider note / PFML cert.) or certification requested / due / received	
WH-382 Designation Notice sent	
ESD "Job Protection Rights" notice sent	
Supplemental leave election recorded	
Leave beyond protected period: approved by / dates	