



Request for Leave of Absence

Employee Name _____ Work Location _____
Please PRINT complete legal name

Position(s) (please list all positions – teacher, coach, etc.) _____

I request a leave of absence for the period of: _____

Expected FIRST DAY OFF WORK

Expected LAST DAY OFF WORK

Full Time Leave Part Time Leave
(If part-time, list hours per day –
Certificated must be half or full)

Expected FIRST DAY RETURN TO WORK

Please select reason for leave request:

- Medical*
- Maternity/Paternity*
- Adoption of a child
- Military (copies of official orders are required)
- Personal (*Only* supervisor approval is required)
- Bereavement (relationship to deceased: _____)
- Leave without pay/Other (please list reason): _____
- Child Rearing (classified only)
- Family Illness (classified only, list family member and relationship to you)

- Educational/Professional

***Maternity and medical leave in excess of three (3) days require a physician's certificate before leave can be approved. Medical leave also requires a doctor's release to return to work.**

	<u>Number of Days</u>
I would like to use my available sick leave (if applicable) for this leave request. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I would like to use my available vacation leave (if applicable) for this leave. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I would like to use my personal leave (if applicable) for this leave request. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I intend to apply for Washington Paid Family Medical Leave. (Cannot use sick/personal/family leave and WA PFML concurrently.)

I have entered this leave of absence into the ReadySub absence reporting system. Job #: _____
I understand that if the leave date(s) change it is my responsibility to ensure that the days are reported accurately into ReadySub and that a substitute is arranged, if applicable. *I understand that entering this absence into ReadySub does NOT constitute approval of the leave of absence request.*

I understand that this request for a leave of absence is subject to the terms and conditions of my collective bargaining agreement and/or Board Policy. I understand that the Human Resources Department determines final approval of this request and that if I need to revise my return-to-work date I will notify Human Resources, in writing, and provide an updated physician's certificate if required.

Employee Signature _____
Date

Supervisor/Principal Signature/Approval _____
Date Recommend Not Recommended

Executive Director of Human Resources _____
Date Approved Denied