



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*

Child Rearing (classified only)

Maternity*/Paternity

Adoption of a child

Military (copies of official orders are required)

Educational/Professional

Personal (Only supervisor approval is required)

Vacation (260 Day employees only)

Bereavement (relationship to deceased: _____)

Leave without pay/Other (please list reason): _____

***Maternity and medical leave in excess of five (5) days require a physician's certificate before leave can be approved. Medical leave also requires a doctor's release to return to work.**

Number of days

I would like to use my available sick leave (if applicable) for this leave request. Yes No _____

I would like to use my available vacation leave (if applicable) for this leave. Yes No _____

I would like to use my personal leave (if applicable) for this leave request. Yes No _____

I intend to apply for Washington Paid Family Medical Leave. (Classified & Non-Rep staff cannot use sick/personal 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.

Supervisor/Principal Signature/Approval Date Recommend Not Recommended

Executive Director of Human Resources Date Approved Denied

HR Use Only ---- FMLA Eligible Yes No
Copy to: Payroll Sub Coordinator HR

Board Action: Date _____