



# Request for Leave of Absence

TO BE SUBMITTED PRIOR TO ABSENCE

Required for absences of five or more working days (except approved vacation)  
Required for all leave without pay regardless of number of work days

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ FTE/hours per day: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have extra-curricular or extended day contracts?  Yes  No (if yes, complete below)

Activity	assignment completed (please circle)		percentage or hours completed
	YES	NO	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested Effective Days of leave: \_\_\_\_\_ through \_\_\_\_\_  
Expected first day of leave Expected last day of leave

I am requesting:

- Full FTE Leave  Partial Leave: \_\_\_\_\_ FTE/hour(s) per day
- Intermittent Leave: use district calendar to indicate dates of absences

I plan to access:

- My paid leave (sick; personal; vacation)  shared leave (if approved)
- No paid leave  PFML (WA State Benefit)

Reason for this request: (review your respective bargaining agreement and mark that apply):

- Medical (medical note is required)
  - For myself
  - For a family member
- Pregnancy Disability (medical note is required)
- Child Bearing - Expected Date of Birth: \_\_\_\_\_ (medical note is required)
- Childcaring Leave (commences immediately following end of childbearing leave)
- Paternity (medical note is required)
- Adoption (copy of adoption paperwork is required)
- Childrearing leave - Date of Birth of Child \_\_\_\_\_
- Military (copy of military orders is required)
- Personal
- Other – State specifics: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Human Resources and Payroll use only:**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Recommended for approval: \_\_\_\_\_  
Jon Ronngren, Director of Personnel & Human Resources Date