



EMPLOYEE SERVICES

Request for Leave of Absence

PLEASE COMPLETE AND RETURN THIS FORM TO EMPLOYEE SERVICES AT LEAST 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Employee Name (Last, First, Middle):	Employee ID #:	
Home Address:	City, State, Zip	Telephone Number
School/Building/Department:	Job Title:	

ABSENCE INFORMATION

Requested Start Date (First date out on leave):	Anticipated Return Date (First day back to work):
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**Notify Employee Services as soon as possible with any changes in leave start or return dates.*

TYPE OF LEAVE

<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Intermittent Absence <i>(Information required below)</i>
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For Intermittent Absences, describe your intermittent or reduced work schedule (ex: 'up to 2-3 sick days a month per doctor'). Intermittent leave must be medically necessary with a current medical certification form from a health care provider.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below:

Employees Own Serious Health Condition (not work related)

Care for a family member **Relationship of Family Member you will care for: _____*

Birth/Adoption/Placement of a Child

**** A medical certification form is required for leaves due to your own or a family member's health condition.**

A completed medical certification form is attached.

I will submit medical certification within 15 days to Employee Services

** Documentation for leave of absence is required.*

<input type="checkbox"/> Military Leave/Exigency (Ex.: Active Duty, Military Caregiver, FML)	<input type="checkbox"/> Workers Comp. Leave L&I
<input type="checkbox"/> Child-rearing Leave	<input type="checkbox"/> Domestic Violence Leave
<input type="checkbox"/> Educational Leave	
<input type="checkbox"/> Documentation Attached	

Washington Paid Family & Medical Leave WA PFML

Will you apply for Washington Paid Family & Medical Leave? Yes *(Information required below)* No

***If you answered yes:**

What date will you apply to start your leave with WA PFML: _____

Do you want sick, personal or vacation applied if you have a waiting week? Yes No

Employee Signature:	Date:
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**Signature not required if sent via PSD email account*