



Human Resources Leave of Absence Request

Employee Name _____ **Location** _____ **Position** _____

TENTATIVE DATES: Start _____ End _____ Return to Work _____

Will this leave be Continuous (without interruption) or Intermittent (not continuous)? Continuous Intermittent

Step 1: Please indicate Type of Leave	Step 2 (if applicable):	Step 3 (if applicable):
<input type="checkbox"/> Medical: Employee (If checked, go to Step 2)	<input type="radio"/> Paid Family Medical Leave <input type="radio"/> Leave Sharing Will you be applying for WA State PFML? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Employee must apply for PFML through WA State Employ. Security Dept.	<input type="radio"/> Unpaid Leave <input type="radio"/> Personal / Vacation [first/last week of school or to extend holidays/vacation/school breaks] Type of Leave: <input type="checkbox"/> Non-Medical / Personal <input type="checkbox"/> Educational <input type="checkbox"/> Unpaid Childcare <input type="checkbox"/> Other CBA Covered Provision
<input type="checkbox"/> Medical: Family Member Specify Relationship: [e.g., Spouse, Parent, Child] _____ (If checked, go to Step 2)	If applying for PFML, when do you plan on using this benefit? (Note: your pay from MSD will be stopped during this period.) Start Date _____ End Date _____	<input type="radio"/> Unpaid leave requires both an administrator and Human Resources approval. <input type="radio"/> Unpaid leave greater than 30 days will also require Board of Director approval.
<input type="checkbox"/> Parental Leave/Bonding (If checked, go to Step 2)	**Do you want to supplement your PFML pay with your <u>available</u> paid leave? (Sick, Personal and Vacation are used in that order) <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide detail below for your unpaid leave request.
<input type="checkbox"/> Unpaid <input type="checkbox"/> Personal/Vacation during first or last week of school or to extend time for holidays, vacation or school breaks less than 30 days in advance (If checked, go to Step 3)	I am interested in Shared Leave <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please submit request form which is available on the Staff Hub: Departments > Human Resources > Shared Leave).	

****** Only select employee groups are eligible for this supplemental pay: MEA, PSE, PSE-OP, Non-Rep Hourly.

Employee signature: _____ Date: _____

Administrator signature (**Unpaid Leaves only**): _____ Date: _____

Approved Not Approved

Human Resources signature: (**All Leaves**): _____ Date: _____

Approved Not Approved (specify reason) _____

For Human Resources Use Only						
Copy to: <input type="checkbox"/> Payroll/Benefits <input type="checkbox"/> Sub Coordinator <input type="checkbox"/> Updates			DATE of Board Action (if required) _____			
Change in Pay Effective:	FMLA Eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start	End		
_____	PFML	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
	3 Days at Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
	Sub Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
	Post Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Frequently Asked Questions and Need to Know:

Family Medical Leave Act (FMLA)

1. Eligibility for the federal Family Medical Leave Act (FMLA) requires you to have worked for the district for at least one year and have at least 1,250 hours of service in the 12 months before taking leave. While you may not qualify for FMLA, your leave may be covered under your Collective Bargaining Agreement (CBA).
2. Staff do not pay into FMLA. FMLA only provides staff with job protection rights and continuation of benefits.
3. FMLA is unpaid unless you use your banked leave [e.g., sick, personal].
4. Intermittent leave schedules have the same protections as any other FMLA leave as long as it has been approved by the district.
5. A doctor's note or other applicable certification is required for FMLA. In addition to medical for self or a family member, other qualifying situations are parental bonding and military leave.

WA State Paid Family Medical Leave (PFML)

1. WA State Paid Family Medical Leave (PFML) is run by the state and provides supplemental pay. Monroe School District does not have any connection with the program. Once you notify us of your intention use PFML, please visit their website to apply.
 - o If you are interested in PFML, please click on the link to the Employee Security Department: <https://paidleave.wa.gov/>
 - o Staff may use their paid leave banked hours [e.g., sick, personal] to "top off" the PFML to an amount not to exceed their current salary amount. Or you may choose to keep those hours for when you return.
 - o For intermittent PFML leave, please be aware that you required to take a leave for a minimum of eight (8) concurrent hours in a week in order to submit a claim.
 - o Please note: There is a one week unpaid waiting period with PFML unless the reason is for birth/bonding or military exigency.
 - o *If you do apply for PFML, please let HR know.*

Unpaid Leave

I only have 10 days of sick/personal leave to use during my 20 day absence. What happens?

You are eligible to use your sick and personal leave balances. Once those are exhausted you would go into an unpaid status.

I was sick for 2 weeks – and I only work 4 days a week. Do I need to submit leave paperwork?

Yes. A leave of absence form and a doctor's note is required for your leave anytime you are out of your position for medical/maternity, etc. more than five (5) consecutive days – based on your work schedule.

I do not have any more sick/personal leave and my child is sick. Now what?

Being in an unpaid status will require you to complete a leave form anytime you are out of your position. Your building or department administrator must sign off of these unpaid requests and the form is sent to HR for approval and processing.

How long may I take a leave of absence?

You are eligible to apply for a leave of absence without pay, not to exceed twelve (12) months. Unpaid leave requests must be approved by both your administrator and Human Resources. Unpaid leaves over 30 days will also need to be approved by the Board of Directors.

Need to Know

Your leave request form will let us know your tentative return to work date. If you choose to come back early or extend (not to exceed 12 months), please inform Human Resources as this may impact your leave replacement substitute. In some cases, a revised or a return to work doctor's note may be required.

Please be sure to check your Collective Bargaining Agreement for additional language regarding Leaves.

Washington Paid Family Medical Leave (PFML) Supplemental Benefit

Name: _____ **Work Location:** _____

Select employee groups may choose to “top off” Washington State Paid Family Medical Leave up to their current salary amount. This means employees can choose to use paid time off to supplement or “top off” the money they receive from the Employment Security Department while on leave.

Instruction to receive the supplemental benefit:

- 1) Provide payroll with a copy of your PFML approval letter that contains the amount you will receive each week and the dates of your approved leave and claim year.
 - a. Supplement benefits will not be paid until this letter is received.
 - b. Payroll may need a screenshot of your claim weeks to process your supplemental benefit.
 - i. If we do, we’ll need that before we can process the leave.
- 2) Payroll will determine the amount of sick, personal and/or vacation leave time to use rounded to the nearest quarter hour not to exceed your salary amount.
 - a. This is calculated by taking your hourly rate multiplied by the hours you work in a week minus the PFML weekly benefit.
 - b. Sick leave will be used first, then personal leave, then vacation, if applicable.
- 3) Payments will be processed according to the normal payroll cycle.
 - a. Time off and additional pay are processed the month following the leave start date, assuming we received the paperwork required.

Important!

You should not report the supplemental benefits on your weekly claim,
as doing so will reduce your benefit amount.

By signing this letter, you agree that you would like to supplement your
PFML wages and you understand that you must provide the
approval letter before any payments can be processed.

Employee Signature

Date