Planned absences: form must be completed and approved in advance. Unplanned absences: complete form as soon as possible.

|  |  |  |  |
| --- | --- | --- | --- |
|       |  |       |  [ ] Certificated  |
| Employee’s Name (First MI Last) |  | Position  |  [ ]  Classified |
|       |  |       |  |       |  |       |
| Beginning Date (month/day/year) |  | Ending Date |  | Date to Return to Work |  | Building |

**Section A (Type of Leave Requested: (See information on back of form)**

[ ]  medical (not L&I) of more than 3 weeks – *attach documentation from health care provider*

[ ]  shared sick leave (more than 5 unpaid days) – *requires additional form****\*\****

[ ]  maternity

[ ]  paternity

[ ]  maternity / paternity (requesting intermittent leave, specify – e.g. every Friday from 1/18/18 – 3/31/18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  military – *attach documents*

[ ]  other (specify reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*attach explanation)*

**Section B (Family and Medical Leave information, FMLA)**

If you **worked at least 1,250 hours** in the past 12 months, your leave may qualify for FMLA. If you think you qualify for FMLA, check the appropriate box. If you are eligible, FMLA forms will be sent to you.

[ ]  birth of a child, or the placement of a child with you for adoption or foster care

[ ]  a serious health condition that makes you unable to perform the essential functions for your job

[ ]  a serious health condition affecting your [ ]  spouse, [ ]  child, [ ]  parent, for which you are needed to provide care

[ ]  A qualifying exigency arising because your [ ]  spouse, [ ]  child, [ ]  parent, is on covered active duty or call to covered active duty status with the armed forces

[ ]  because you are the next of kin to a [ ]  spouse, [ ]  child, [ ]  parent, of a covered service member with a serious injury or illness

 [ ]  Copy to Employee

Employee’s Signature Date

 [ ]  Copy to Supervisor

Supervisor’s Signature (denotes supervisor’s approval) Date

 [ ]  Copy to Payroll

 Superintendent or Designee Signature Date

[ ]  This leave will require your benefits to be adjusted and/or your contract reissued.

[ ]  This leave **MAY** require benefits to be adjusted and/or your contract reissued if additional unpaid days are taken.

[ ]  This leave will require a release to return to work from your doctor BEFORE you can work.

|  |
| --- |
| for district office use only□ eligible for fmla □ not eligible for fmla date of board meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_action: □ approved □ denied  |

**Definitions**

**Medical Leave** is paid leave allowed under the terms of appropriate collective bargaining agreements, employer policies and/or state and federal laws, as applicable, for an employee or employee’s family member for illness or healthcare. Upon request, ***Shared Leave*** from co-workers may be available, if sick leave balance will not cover the time of a qualified leave.

**Personal Short Term Leave** is leave of no more than five (5) accumulated unpaid days in any school year. Unused personal days should be included in the request. Supervisor approval required.

**Unpaid Leave of Absence** is an unpaid leave from work for a specific period of time with the consent of the employee’s supervisor and school board with the understanding that the employee will return to work at the conclusion of the leave. Unpaid leave will result in a deduction from employee’s salary and may result in a proportionate reduction in benefits.

**FMLA ELIBILITY GENERAL STATEMENT, FROM US. WAGE & HOUR DIVISION**

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

**Leave request forms are submitted to district office for the following**:

**Medical Leave:** If more than 3 weeks or sick leave balance is zero (doctor’s return to work note required). Form will go to the board for review.

Leave over 5 days requires a doctor’s note but a leave request form is not required.

**Shared Leave:** Sick leave is exhausted, requires additional forms and approval of the Superintendent.

**Maternity Leave:** Per Leave Request Form.

**Paternity Leave:** Paid sick leave with Leave Request Form.

**Leave of Absence:** All leave of absence requests require the submission of a leave request form and board approval *(Please see Mount Baker School District Board Policy #5400)*.