

# Puyallup School District Leave of Absence Request Form

- Initial Request  
 Extension of Leave

Human Resources - PO Box 370, Puyallup, WA 98371  
 Phone: 253-435-2833 Fax 253-841-8650

- Certificated  
 Classified

Email: [PylesDM@puyallup.k12.wa.us](mailto:PylesDM@puyallup.k12.wa.us)

Please consult with specific collective bargaining agreements and District policies for further information regarding the use of paid and unpaid leave.

Employee Name (Last, First, MI)	Work Location	Supervisor's Name	Work Phone	Today's Date
Mailing Address	City, State & Zip		Home Phone	Employee # or Social Security #
Home E-mail address	Current Position/Work Assignment(s)		Cell Phone	

**Dates of Requested Leave:**

Beginning date of requested leave: \_\_\_\_\_ Expected date of return from leave: \_\_\_\_\_

I am requesting a:  Full Leave of Absence  Partial Leave of Absence \_\_\_\_\_ (number of hours/FTE you are requesting to be on leave) \_\_\_\_\_ (your current number of daily work hours/FTE)

**Type of Requested Leave:**

**FMLA/Medical Leave** (paid and/or unpaid): Medical documentation is required in support of sick leave usage. Please provide medical documentation with this request. If your leave request is found eligible under FMLA guidelines, further documentation and processing will be required.

***Please note:** Your return to work is contingent upon medical clearance and your ability to perform the essential job functions of your position, with or without accommodations.*

**Parental/Pregnancy Disability Leave /Adoption Leave:**

Anticipated date of birth/adoption: \_\_\_\_\_ Estimated return to work date: \_\_\_\_\_

***Please note:** For Parental and Pregnancy Disability Leave, medical documentation is not required until baby is born or until the first missed day of work.*

**Military Leave:** Please provide official orders with this request.

**On the Job Injury:** Date of Injury: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

Comments: \_\_\_\_\_

***Please note:** Supervisors and/or Employees should submit this form to HR as **notification** of an on the job injury. All other paperwork necessary to process a work injury claim should be sent to the Risk Management Department.*

**Other "General" Leave** (paid and/or unpaid):

Specific Reason for Request: \_\_\_\_\_

***Please note:** leaves are not generally authorized for employees who accept employment while away from the district, particularly income-bearing work performed during typical work hours assigned to the position from which you are requesting a leave of absence. This also includes work as a substitute, work paid from a time-sheet, or work on a stipend such as a coach, etc.*

My signature acknowledges that I understand my requested leave is not considered approved unless authorized by Human Resources. It is my responsibility to work with my principal/supervisor to determine substitute coverage during any short term absence. I may also be required to reapply for my leave, should I need an extension or circumstances change.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Satellite Office Use Only:**

Date Request Received by Supervisor: \_\_\_\_\_  
 Leave balances as of last payroll end: Sick: \_\_\_\_\_ Vac: \_\_\_\_\_ Disc/Personal: \_\_\_ F/I: \_\_\_\_\_

**Human Resources Only:**

Leave Specialist: \_\_\_\_\_ Generalist: \_\_\_\_\_ Technician: \_\_\_\_\_ Director: \_\_\_\_\_

## Leave of Absence Request Form Instructions

Please refer to your specific collective bargaining agreement and District policies for further information regarding the use of paid and unpaid leave.

All leaves, with the exception of a medical emergency, must be pre-approved by your immediate supervisor and Human Resources (HR).

### *How to Complete the Form*

1. Check one box (upper left corner): Is this an “Initial” leave request or are you requesting an “Extension” of your current leave?
  2. Check one box (upper right corner): Are you a “Certificated” or “Classified” employee?
  3. Complete all demographic information (please print)
  4. Enter the first date of expected absence and expected date of return
  5. Check one box to indicate the type of leave requested
  6. Submit form and supporting documentation to Dawn Pyles in Human Resources.
  7. Communicate your leave intentions with your Supervisor.
  8. Email Dawn Pyles at [PylesDM@puyallup.k12.wa.us](mailto:PylesDM@puyallup.k12.wa.us) with any questions.
- Notification of decision from the HR department will be sent to you regarding full/partial or general leave of absence requests.
- Family Medical Leave/Pregnancy Disability and all other leaves will require further processing, instruction and/or information. A representative from Human Resources will contact you with further details.

### *Additional Information*

**Medical Leave:** Leaves that are medical in nature will require medical documentation. A release from your healthcare provider will be required before returning to work. If there are recommended adjustments to job duties and/or adjustments to working conditions, this information must be submitted to Human Resources **prior** to your return to work.

**Military Leave:** Submit copies of official military orders.

**Parental/Pregnancy Disability:** Submit this form to Dawn Pyles in Human Resources with anticipated delivery date and anticipated return. A member of our HR team will contact you with further information and/or instruction. Please also refer to your collective bargaining agreement for specific leave provisions.

**Adoption Leave:** Submit this form. Copies of adoption documentation may be required.

**On the Job Injury:** Submit this form to your immediate supervisor at the time of injury. If you are not able to complete this form for any reason, your supervisor may need to submit the form on your behalf. Please follow up with Human Resources to insure your work injury has been reported.

**Other Leave:** This category applies to other leave types not listed above, including but not limited to: study, personal leave and/or emergency leave.