

REQUEST FOR

Family and Medical Leave (FMLA)/Washington Family Care (WFC)

Dates of Leave _____

Leave No. _____

Name _____

Building/Dept. _____

This request is for:

Medical Leave due to my own serious health condition.

Family Leave due to a health condition of a family member – Relationship: _____

Maternity/Medical Leave

Family Leave to be with a newborn or newly placed adopted or foster child.

Combined Maternity/Medical and Family Leave.

For medical leave, you must attach a medical certification statement from your (or your family member's) health care provider indicating that a serious health condition exists.

Please indicate how you would like to process the following leave options:

Sick Leave/Vacation:

I plan to use all or some of my available sick leave and vacation during my leave.

Provide Dates: _____

I do not plan to use my sick leave or vacation and will be applying to the Employment Security Department for Paid Family Medical Leave (PFML).

Provide Dates: _____

Sick Leave Option - only for Maternity and/or Family Leave to be with a newborn or newly placed adopted or foster child:

I wish to maintain a balance of 40 hours of sick leave (even if this puts me into a leave without pay situation).

Personal and/or Incentive Days:

I plan to use available days during my leave.

I do not wish to use personal and/or incentive days (even if this puts me into a leave without pay situation).

Leave Sharing:

My leave is for a severe, extraordinary or life-threatening health crisis, parental leave, pregnancy disability, or other qualifying circumstance. I will run out of sick leave and intend to ask for leave sharing. (If on maternity and/or family leave, I may ask for sick leave sharing and still maintain a balance of up to 40 hours of sick leave).

INSURANCE COVERAGE:

I understand that my health care coverage will remain in effect during FMLA, if eligible. Otherwise, insurance eligibility is determined by the School Employees Benefits Board (SEBB).

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

DISTRICT APPROVAL FOR
Family and Medical Leave (FMLA)/Washington Family Care (WFC)

The following leave has been approved:

- WFC (Washington Family Care): Eligible to use accrued paid leave; leave will run concurrently with eligible FMLA/Maternity.
 - Maternity Leave: Eligible for 60 calendar days which will run concurrently with eligible FMLA/WFC.
 - FMLA (Family and Medical Leave Act): Eligible if worked 1,250 hours (1,080 hours for PSE employees) in previous 12 months; leave will run concurrently with eligible WFC/Maternity.

 - Leave has not been approved for the following reason(s):* _____
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NOTE to EMPLOYEE: You are expected to notify your immediate supervisor if the day of your return to work will be different from the date referenced above. We will then re-evaluate your employment status.

Director of Human Resources or Designee

Date

For Payroll Only

- Return date is reasonably firm.
- Return date is a re-evaluation date.
- This leave is intermittent.
- Leave dates updated:

New dates: _____ Approved: _____ Date: _____

New dates: _____ Approved: _____ Date: _____

New dates: _____ Approved: _____ Date: _____

NOTE: Eligibility Dates for FMLA (if needed, and if consecutive): _____

Paid Family and Medical Leave (PFML) Statement of Employee Rights

You may qualify for Paid Family and Medical Leave

As of Jan. 1, 2020, Washington employees who have worked 820 hours or more in the qualifying period and experience(d) a qualifying event have access to Paid Family and Medical Leave.

Employees who have missed work due to family or medical reasons may be eligible for paid family or medical leave for the following qualifications:

- Care for and bond with a child younger than 18 following birth or placement
- Care for yourself or a family member experiencing a serious health condition
- Certain military-connected events.

Paid Family and Medical Leave requires that you give your employer(s) written notice at least 30 days in advance of when you plan to take leave. However, if the reason you need leave was not foreseeable, you may notify your employer(s) as soon as possible.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide.

For more information about how to apply, contact Employment Security Department at 833-717-2273 or visit www.paidleave.wa.gov.

Important information for when you apply

Employer UBI #: 91-6015450

This employer offers supplemental benefits: Y _____ N X

Note: Except during the waiting week, employees cannot use employer provided paid time off at the same time as Paid Family and Medical Leave, unless the employer chooses to offer a “supplemental benefit.” Supplemental benefits can be used along with Paid Family and Medical Leave to provide additional pay while an employee receives partial wage replacement through Paid Leave benefits. Employees may accept or reject supplemental benefit payments.