

Lynden School District
LEAVE OF ABSENCE REQUEST

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

EMPLOYEE'S NAME (LAST, FIRST, MI)	POSITION	<input type="checkbox"/> CERTIFICATED	<input type="checkbox"/> CLASSIFIED
BEGINNING DATE (MONTH/DAY/YEAR)	ENDING DATE (NOT TO EXTEND BEYOND SCHOOL YEAR)	DATE TO RETURN TO WORK	BUILDING

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
- LABOR & INDUSTRIES CLAIM (L&I) – ATTACH DOCUMENTATION FROM HEALTH CARE PROVIDER – REQUIRES ADDITIONAL FORM**
- SHARED SICK LEAVE (MORE THAN 5 UNPAID DAYS) – REQUIRES ADDITIONAL FORM**
- MATERNITY – ATTACH DOCUMENTATION FROM HEALTH CARE PROVIDER
- PATERNITY – ATTACH DOCUMENTATION FROM HEALTH CARE PROVIDER
- BEREAVEMENT OF MORE THAN 3 DAYS – ATTACH LETTER EXPLAINING EXTENUATING CIRCUMSTANCES & RELATIONSHIP
- UNPAID LEAVE OF ABSENCE OF **MORE THAN 5 DAYS** - ATTACH LETTER EXPLAINING CIRCUMSTANCES
- MILITARY – ATTACH DOCUMENTS
- OTHER (SPECIFY REASON): _____ ATTACH EXPLANATION

FAMILY AND MEDICAL LEAVE (FMLA)

If you **worked at least 1250 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

EMPLOYEE'S SIGNATURE	DATE	<input type="checkbox"/> COPY TO EMPLOYEE
SUPERVISOR'S SIGNATURE (DENOTES SUPERVISOR'S APPROVAL)	DATE	<input type="checkbox"/> COPY TO SUPERVISOR
HR DIRECTOR OR SUPERINTENDENT 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 OFFICE USE ONLY

<input type="checkbox"/> ELIGIBLE FOR FMLA	DATE RECEIVED _____
<input type="checkbox"/> NOT ELIGIBLE FOR FMLA	DATE OF BOARD MEETING _____
DATE FMLA LETTER/FORMS MAILED _____	
<input type="checkbox"/> COPY TO PERSONNEL FOR UNPAID LEAVE	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED

Lynden School District
LEAVE OF ABSENCE REQUEST

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.

Bereavement Leave is defined in individual bargaining unit agreements.

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.

Leave request forms are submitted to district office when:

- 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 provider note. Form will go to the board for review.
- Paternity Leave:** paid sick leave with provider note. Board approval required for more than 5 days.
- Bereavement:** beyond contract allowance (usually 3 days) – a letter from employee to the superintendent explaining circumstances is required.
- Leave of Absence:** all leaves of absence require the submission of a leave request form and board approval. (see *Lynden School District Board Policy #5409*)