



Human Resources

Request for Maternity Leave of Absence

FMLA Eligible Employee

Employee Name: _____ Date: _____

Building/Dept.: _____ Position: _____ Hours/FTE: _____

Check if your position requires a substitute ☐

Estimated Due Date: _____ Personal Email Address: _____

I anticipate my leave to begin on _____ I anticipate returning to work _____

You have been with the district at least 12 months and have worked enough hours to be eligible for Federal FMLA.

Federal Family & Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for up to 12 work weeks. To be eligible for this type of leave, you must have worked for the district at least 12 months **and** have at least 1,250 hours of service during the 12-month period immediately preceding the leave. Click below for more about Federal FMLA.

[Federal FMLA Employee Rights](#)

[Federal FMLA Fact Sheet](#)

You may also be eligible for Washington State Paid Family and Medical Leave (PFML).

Washington employees who have worked 820 hours or more in the qualifying period are eligible for state paid family and medical leave (PFML). State PFML is composed of two separate types of leave. Medical Leave is 4 weeks and can only be used during the actual period of pregnancy recovery. Family Leave is 12 weeks of leave for bonding with your child. State PFML does not automatically continue your district insurance. You must overlap your Federal FMLA with State PFML by at least one day for the district to continue making contributions to your insurance benefits. You are still responsible for any out-of-pocket premiums. Click below to read more about State PFML.

[WA Paid Family & Medical Leave Statement of Employee Rights](#) paidleave.wa.gov

Paid Leave Options: Select your paid leave choice(s)

While on leave, you have the option to use your district accrued leave, apply for shared leave, or use WA State PFML.

I anticipate applying for State Paid Medical Leave (PML) from: _____ to _____

I anticipate using my District accrued leave from: _____ to _____

I anticipate applying for State Paid Family Leave (PFL) from: _____ to _____

If provided 30 days in advance, the anticipated start date and duration for using PFML serves as official employer notice for WA State Paid Family and Leave.

☐ I understand that I cannot use District accrued leave at the same time I am receiving PFML.

☐ I would like to take District unpaid leave for the remainder of the school year after leave options are exhausted.

☐ I have informed my supervisor of this maternity/parental leave request.

Employee Signature _____

Date _____

For Human Resources Use Only: Notification to principal, office manager, substitute services, payroll, benefits, strand specialist completed on _____