Extended Leave Request  
(Five or more days)  
Human Resources Department

Employee:  ___________________________________  ________________________________  
(Name) (Position)  
(Site/Location) (Date)  

I, ________________________________, request the one or more of the following leaves:

☐ *Paid Extended Leave of Absence  
Effect: ___________________ through ___________________  

Please attach an explanation letter. (A letter from a doctor may also be required).
- Paid leave using accrued sick leave for temporary disability for an extended period of time.  
For example: Illness, disability, injury, maternity, paternity, family illness, adoption.
- NOTE: When accrued sick leave has expired, please apply for Leave of Absence Without Pay.

☐ *Leave of Absence Without Pay  
Effect: ___________________ through ___________________  

Please also complete a Leave of Absence Without Pay Application form (see Building Secretary or Human Resources for form)
- Up to one (1) school year leave without pay, approved by the Board of Directors.

☐ Military Leave  
Effect: ___________________ through ___________________  

Copy of military orders required.

* FMLA eligibility may apply. Please contact Human Resources at 425-844-4506.

I have filled out and attached all forms pertaining to my leave request.

Employee Signature ________________________________  Date ________________

Reviewed by Supervisor ________________________________  Date ________________

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Request Granted:  □ Yes  □ No  
FMLA Eligibility:  □ Yes  □ No  
Signatures:  ________________________________  Date ________________

Human Resources  
Date ________________

Superintendent  
Date ________________

Effective ________________  Employee has the following accrued leave balances available to use towards this absence:

Sick Leave: ___________  Vacation Leave: ___________  Personal Leave: ___________  Total Hours: ______

Distribution:  Personnel:  Original  
Payroll:  Copy  
Administrator:  Copy  
Employee:  Copy  

8/13/2012