

Tacoma Public Schools Leave of Absence Request

- Initial Request
 Extension of Leave

Human Resources – PO Box 1357, Tacoma WA 98401-1357
 Phone: 253-571-1250 Fax 253-571-1150

- Certificated
 Classified

Please consult with specific collective bargaining agreements and District policies for further information regarding the use of paid and unpaid leave.
 For questions regarding benefit status during your leave, contact Sound Partnership at 253-571-1240

Employee Legal Name (Last, First, MI)	Position Title	Location	Work Phone	Date
Mailing Preference (check one): <input type="checkbox"/> Home <input type="checkbox"/> E-mail	City, State & Zip		Home Phone	Employee # or Social Security #
Home address:			Alternate Phone:	
Home E-mail address:				

I hereby request the following leave of absence beginning: _____ **Expected Date of Return** _____

(check one) Full FTE or Partial Leave FTE (_____ FTE out of _____ total FTE)

- Medical Leave** (paid and/or unpaid) – Medical documentation is required on the 6th day of absence, every 30 calendar days thereafter, and may be required at any time. *Please note: your return to work is contingent on medical clearance and your ability to perform the essential job functions of the current position.*
- Military Leave** – must be accompanied by official orders.
- Parental/Maternity/Adoption Leave:** Anticipated date of birth/adoption: _____ (official documentation of birth/adoption is required)
- Other Leave** (paid and/or unpaid) – *Please note: leaves are not authorized for employees who accept employment away from the district, except for specific provisions outlined in the employee's collective bargaining agreement.*

Specific Reason for Request: _____

My signature acknowledges that I understand that leaves are not considered approved unless authorized by Human Resources; I understand that it is my responsibility to work through my principal/supervisor to determine substitute coverage during my absence; I understand that I will be required to reapply for leave should I require an extension.

Employee Signature: _____ **Date:** _____

Principal/Supervisor (check one): <input type="checkbox"/> Support <input type="checkbox"/> Do Not Support			
<i>Comments:</i>			
Print Name:	Signature:	Ph:	Date:
Human Resources: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
<i>Comments:</i>			
HR Administrator:			Date:

HR Office Use Only			
Leave balances as of last pay period ending _____: Sick Lv _____ Vacation _____ Extraordinary _____ Family Lv _____			
FMLA Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	1st Day of FMLA: _____	Last Day of FMLA _____	HR Staff _____ Ext _____
1st day of unpaid leave: _____	Position #: _____	Leave FTE: _____	
NOTIFICATION DATES Employee: _____ Supervisor: _____ Board: _____			

Leave of Absence Request Form Instructions

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

For questions regarding benefit status during your leave, contact Sound Partnership at 253-571-1240

All leaves, with the exception of emergency medical leave, must be pre-approved by your immediate supervisor and Human Resources (HR). **Leaves are only approved for one school year at a time.**

How to Complete the Form

1. Check one box (upper left corner): “Initial Request” or “Extension of Leave”
 2. Check one box (upper right corner) “Certificated” or “Classified”
 3. Complete all demographic information (please print)
 4. Check one box for mailing preference: “Home” or “Home E-mail” (checking this box will identify where notifications are to be sent while you are on leave)
 5. Enter the first date of absence and expected date of return
 6. Check one box to indicate the type of leave requested
 7. Obtain signature from immediate supervisor
 8. Send completed form including required accompanying documentation to HR
 9. Contact Human Resources at 253.571.1250 if you have any questions.
- Notification with decision will be sent to you after review by HR Administrator
 - Family Medical Leave Information will be sent to you if applicable.

Additional Information

Medical Leave: Any absence over five (5) consecutive working days requires supplemental medical documentation from your healthcare provider. Extended medical leave requires follow up supplemental medical documentation every 30 calendar days thereafter, and information may be requested at any time. A Supplemental Medical Report Form is available on the District’s website. A release from your healthcare provider indicating any recommended adjustments to job duties and/or adjustments to working conditions must be submitted to Human Resources **prior** to your return to work..

Military Leave: Submit copies of official military orders.

Parental/Maternity Leave: Submit note or Supplemental Medical Report Form from healthcare provider to Human Resources with anticipated delivery date. After birth of child, notify Sound Partnership and Human Resources. Expected return date is six (6) weeks after birth of child for normal delivery or eight (8) weeks for C-section unless medical needs arise. Refer to your collective bargaining agreement for specific leave provisions.

Adoption Leave: Submit copies of adoption documentation to Human Resources

Other Leave: This category applies to other leave not listed above including but not limited to: study, teaching out-of country, personal leave, or emergency leave.