## Montesano School District **REQUEST FOR LEAVE OF ABSENCE**

Employee Name:						
Work Location:	ork Location: Position:					
I request a leave of absence for the period of: Full Time Leave:						
$\frac{1}{Expected first day off work}$ to	Expected first day back to work					
For the following reason: Adoption of a child Maternity* Childcare	Professional Family Illness (please list family member and relationship)*					
Medical* Other (Please list reason)	Military (copies of official orders are required)					
*Maternity, medical and family illness leaves require a physician's certificate before leave can be approved.						
I plan to apply for Washington State P	aid Family Medical Leave (PFMI	L) Yes_	<u> </u>	No		
			Please c	ircle	Please indicate number of days	
I would like to use my available sick leave (if applicable) for this leave request		Yes	No			
I would like to use my available vacation leave (if applicable) for this leave request		Yes	No			
I would like to use my personal leave (if applicable) for this leave request			Yes	No		
I have entered this leave of absence into the employee absence reporting system. The job number is: I under- stand that if the leave dates change it is my responsibility to ensure that the days are reported into the employee absence reporting system and that a substitute is arranged for, if applicable. I also understand that entering this absence into the employee absence reporting system does not constitute approval of this leave of absence.						
I understand that this request for a leave of absence is subject to the terms and conditions of my collective bargaining agreement and/or board policy. I also understand that the Superintendent determines final approval of this request and some leave requests require board approval. If I need to revise my return to work date I will notify the Superintendent's office, in writing, and provide an updated physician's certificate if required.						
Employee Signature	Date					
Supervisor/Principal Signature		Date		ommend	□ Not Recommended	
Superintendent Signature		Date	□ App	roved	Denied	

Board Approval Date (if applicable): \_\_\_\_\_\_ Distribution: Original - Employee File, Copy - Human Resources, Copy - Payroll, Copy - Supervisor, Copy - Employee