

**REQUEST FOR EXTENDED TIME OFF  
AND/OR LEAVE OF ABSENCE**

This form to be used for any absence (ten days or more) even if using accrued sick and vacation leave. **This form must be completed in its entirety and returned to Human Resources for approval prior to absence.**

**HUMAN RESOURCES**  
phone (509) 354-7265  
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www.spokaneschools.org



Spokane Public Schools  
*excellence for everyone*

NAME:		EMPLOYEE ID:
ADDRESS: (Street, City, State, Zip)		PHONE:
JOB TITLE:		WORK LOCATION:
FIRST DAY OUT: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	RETURN DATE: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	

**REASON FOR REQUEST**

Multiple types of leave can be used to cover one absence period. Please check all that apply.

\*Documentation is required. Please attach appropriate documentation. (ie: doctor's verification form, adoption info., military orders, etc.)

- \*Personal Health
- \*Health of a family member: \_\_\_ Spouse \_\_\_ Child \_\_\_ Parent
- \*Maternity
- \*Parenting (introducing new child into the family)
- \*Military Leave
- Educational Leave (unpaid leave)
- Vacation Leave (10 days or more)      Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Other (please explain below):

**An employee may request to use all, part, or none of their accrued paid leave balances prior to going into unpaid leave. Please indicate how you would like to use any accrued leave balances you may have.**

- \*Sick leave (**all** accrued to date)
- Vacation leave (**all** accrued to date- employee to notify and/or seek supervisory approval)
- \*Shared leave (donations from co-workers; must be severe illness; must use all other paid leave first)
- \*Sick leave (**part** of accrued balance)      Indicate amount you want to use: \_\_\_\_\_ days
- Vacation leave (**part** of accrued balance) Indicate amount you want to use: \_\_\_\_\_ days
- I do not wish to use any paid leaves but want to go directly into unpaid leave as of this date: \_\_\_\_\_  
(Please refer to unpaid leave information at the bottom of this form)

**Do you want to be considered for Family Medical Leave for any portion of time you will need to be off that is unpaid?**

(Please read the explanation sheet and contents below for information on this leave. Specific qualifications and guidelines do apply.)

- YES
- NO

**UNPAID LEAVE - CONTRACT PAYOUT INFORMATION**

(Family Medical Leave, Health Leave, Family Care Leave, Personal Leave, Educational Leave, Child Rearing Leave)

If you work 10 months of the year but are paid over twelve months, at the point you go into unpaid leave you will receive a payout of the monies that are saved to pay you over the summer months. Your final paycheck before going on leave may be larger than normal with this payout. When/if you return to work in the school year, your new monthly pay amount could be significantly smaller due to the number of working days remaining in the year and the number of months those earnings will be spread for payment. Thus, if you will be returning to work in the current school year, we recommend you save this payout to supplement the smaller paychecks you will receive upon your return. Please contact your leave specialist for questions regarding the above information.

Step increase dates will be adjusted in the amount equal to the duration of any unpaid breaks in service (e.g., leave of absence, termination, or lay off). Military leave and on-the-job injury is an exception.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_