



Human Resources
Request for Maternity Leave of Absence
Employee Not Eligible FMLA

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 are not eligible for Federal FMLA for the reason(s) checked below

- You have not been with the district for 12 months prior to your request for leave.
- You do not meet the requirement of working at least 1,250 hours in the 12-months period immediately preceding your request for leave.

To be eligible for Federal FMLA coverage, you must have worked for the district for at least 12 months and have at least 1,250 hours of service during the 12-month period immediately preceding the leave. Click the links below to read more about Federal FMLA.

[Federal FMLA Employee Rights](#)

[Federal FMLA Fact Sheet](#)

Job Protected Maternity Leave

Your maternity leave will be limited to your period of pregnancy disability. This is usually 6-8 weeks while you recover from giving birth. Your doctor certifies the period of pregnancy recovery.

You may 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). To qualify for job-protected leave under State PFML, employees must have worked for the District for at least 12 months and work at least 1,250 hours for the District in the 12 months before you take leave. You do not qualify for Federal FMLA protected leave; therefore, your job-protected leave is limited to the actual period of pregnancy disability. Click the links 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 _____

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 _____