



MOUNT VERNON SCHOOL DISTRICT LEAVE REQUEST FORM-CLASSIFIED

Employee Name _____

Position _____

Site _____

Hours per day _____

First Day Out _____

Actual

Estimated

Return Day _____

Actual

Estimated

Extension of existing leave Yes No

If yes, type of original leave _____

Some types of leave may require additional documentation. Please submit request as soon as possible. Prompt notification to the Payroll Department regarding medical leaves can help maximize your leave and insurance benefits.

Explanation/Description _____

Leave Type Request - refer to reverse side of form and CBA for approved options

Multiple types may be used, check all that apply

- Personal Illness or Injury Attach Physician verification
- Workplace / on the job injury Employee Injury Report required
- Emergency Leave _____
- Bereavement Relationship to deceased _____
- Maternity Attach Physician verification
- Paternity Attach Physician verification
- Adoptive Attach valid documentation
- Childcare Attach Physician verification
- Leave of Absence _____
- Judicial _____
- Personal _____
- Military Attach copy of military orders

Employee Signature

Date

Principal/Supervisor Signature

Date

Type of leave	Notes	Refer to CBA Section for details			
		PSE 1	PSE 2	MESA	Teamster
Sick Leave	Check paystub for available balance	8.1	8.1	8.1	9.1
Emergency Leave	Charged against sick leave	8.2	8.2	8.1	9.2
On the job injury	Accident report required - L & I laws apply	8.3	8.3	8.2	9.9
Bereavement	5 days maximum	8.4	8.4	8.6	9.10
Maternity	Charged against sick leave	8.5	8.5	8.3	9.3
Paternity	5 days charged against sick leave	8.6	8.6	N/A	N/A
Adoptive	90 days	8.7	8.7	8.8	9.4
Childcare	90 days to immediately follow maternity	8.8	8.8	8.7	9.5
Leave of Absence	Up to 1 year	8.9	8.9	8.10	N/A
Judicial		8.10	8.10	8.11	9.11
Personal	Varies by contract	8.11	8.11	8.9	9.12

- ✓ Please check current collective bargaining agreement for additional information and important details.
- ✓ At the conclusion of all medical leaves, you are required to bring to the Payroll Department a "return to work without restrictions" note completed by your physician. This must be turned in before you will be allowed to return to your assignment.
- ✓ Please notify the Payroll Department for leaves lasting more than five (5) days.
- ✓ Per CBA, leave requests during the start or end of school, or on either side of a holiday will not be approved except in mitigating circumstances. Refer to CBA for specific language and timeframes.
- ✓ Family Medical Leave Act (FMLA) or Labor & Industry (L & I) laws may impact your leave.
- ✓ Some leaves require School Board action, plan accordingly.
- ✓ If you are anticipating a leave, please contact the Payroll Department as soon as possible. They may have benefit or pay information that will be helpful for your planning.
- ✓ You are responsible for entering your absence in Sub Online.

QUESTIONS?		
Tracy Tesarik	Payroll Supervisor	360.428.6176
Laurel Parker	Classified Staff Payroll	360.428.6186
Sara Roberts	Certificated Staff Payroll	360.428.6180
Alexia Bautista	Certificated Human Resources (also on-the-job injuries & leave share)	360.428.6182
Carol Ledin	Classified Human Resources	360.428.6113