



SNOHOMISH SCHOOL DISTRICT #201
Employee Leave of Absence
Request Form

- New Request
 Revised Request

Complete this form if you will be off work for more than five consecutive workdays. Submit completed form to Human Resource Services or Payroll Department. Leaves in excess of 30 days will be taken to the School Board.

Please contact the Payroll & Benefits Department at 360-563-7235 with questions regarding your pay or benefits during your requested leave.

Name-Printed: _____

Grade/Position/Subject: _____ Location: _____

Mailing Address: _____

City and State: _____ Zip: _____

Home Email Address: _____

Phone Number: _____ Sub Required: Yes No

Current FTE or Hours/Day: _____ Requested leave amount of FTE or Hours/Day: _____

Do you have a Co-Curricular or Extra-Curricular assignment? Yes No

Requested effective dates of leave: _____ through _____
(first day off work) (last day off work)

- Reason: Medical (doctor's note will be required) Self **OR** Family
 Maternity/Paternity Leave (doctor's note will be required)
 Job Share (Job Share Application should be included)
 Personal Leave
 Military Leave (include appropriate military documentation)

Employee Signature

Date

----- **For Human Resource Services/Payroll Use Only** -----

Received by HR: Date: _____ By: _____ Doctor's Note Provided: Yes / No

Received by Payroll: Date: _____ By: _____

Less than 30 Days Leave Denied _____ Payroll Approval: _____

Recommended for approval: _____
Darryl Pernat, Executive Director of Human Resource Services Date

Email Cert Analyst Class Analyst Payroll Sub Desk Spec Svcs File Date: _____ 4/2022