



SOUTH KITSAP SCHOOL DISTRICT

Human Resources

2689 Hoover Ave SE, Port Orchard, WA 98366

360-874-7074, FAX: 360-874-7076

www.skschools.org

APPLICATION for FAMILY MEDICAL LEAVE (FMLA) and WA FAMILY LEAVE (FLA)

INSTRUCTIONS: This form is to be used for any absence of five days or more, even if using accrued sick and vacation leave. Submit completed form to Human Resources prior to absence if you know in advance that leave is needed or as soon as the employee has reached five (5) days of absence. In general, to be eligible for FMLA an employee must have worked for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

Employee Name (printed)

Contact Number

Department/Building

Leave to Begin: _____ ☐ actual ☐ estimated

Expected Return: _____ ☐ actual ☐ estimated

Have you taken Family Medical Leave within the past 12 months? ☐ Yes ☐ No

Note: Many of the following questions may appear personal, but requested information is necessary to determine your legal rights as to the requested leave. All medical information will be kept in a confidential file.

I am requesting Family and Medical Leave for: (Please attach appropriate documentation, such as a Doctor certification, adoption info, military orders, etc.)

- ☐ A serious health condition of ☐ myself, ☐ my spouse, ☐ my child, ☐ my parent. (Proceed to Section 1- Medical Leave)
- ☐ Parental leave due to the ☐ birth of a child, ☐ adoption, or ☐ placement of foster child. (Proceed to Section 2 – Parental Leave)
- ☐ Military leave. My ☐ spouse, ☐ child, or ☐ parent is on active duty or has been notified of an impending call to active duty status, in support of a contingency operation. (Proceed to Section 3 – Military Leave)
- ☐ Military leave serious injury. My ☐ spouse, ☐ child, ☐ parent, or ☐ next of kin is a covered service member who is recovering from a serious illness or injury sustained in the line of duty while on active duty. (Proceed to Section 4 – Military Leave Serious Injury)
- ☐ Other: _____

Is your condition (or your family member's condition) related to injury or sickness connected with employment with any employer, including South Kitsap School District? ☐ Yes ☐ No L&I claim filed? ☐ Yes ☐ No

Communications Options:

Please send related communications to my:

☐ Work email address ☐ Personal email address: _____

☐ Mailing address _____

Section 1 - Medical Leave (up to 12 weeks of leave)

- What is the serious health condition? _____
- Will you be absent from work for:
 - ☐ A single continuous period of time;
 - ☐ A reduced work schedule – if reduced work schedule, inform the HR office of what the schedule would be; or

 - ☐ Intermittent - If intermittent, estimate the frequency and duration of each appointment:

- If the leave is due to your child's medical condition, what is his/her age? _____
- If leave is due to a medical condition of your spouse, son or daughter, or parent, describe the care to be provided. _____

- A complete and sufficient certification to support a request for FMLA leave includes written documentation in the form of a Certification of Health Care Provider. Please send completed certification to Human Resources within 15 days.
- Please sign this application and forward it to Human Resources. (Proceed to Section 5-Signature)

Section 2 - Parental Leave (up to 12 weeks of leave)

- For newborns: the anticipated date of birth is _____. For adoptions or foster placement: the date of placement is _____.
- Do you have a spouse employed by this school district who will take leave to care for the same child?
☐ Yes ☐ No If yes, name of spouse is _____.
- A complete and sufficient certification to support a request for FMLA leave includes written documentation in the form of a Certification of Health Care Provider. Please send completed certification to Human Resources within 15 days.
- Please sign this application and forward it to Human Resources. (Proceed to Section 5-Signature)

Section 3 – Military Leave -This section does not apply to regular service members (up to 12 weeks of leave)

- The covered servicemember is a: ☐ reservist, ☐ member of the National Guard, ☐ recalled retired member of the armed forces.
- Describe the reason you are requesting FMLA leave: _____

- Is the servicemember deployed or on leave from deployment during times of a military conflict? ☐ Yes ☐ No
- Will you be absent from work for:
 - ☐ A single continuous period of time;
 - ☐ A reduced work schedule – if reduced work schedule, inform the HR office of what the schedule would be; or

 - ☐ Intermittent - If intermittent, estimate the frequency and duration of each appointment:

- A complete and sufficient certification to support a request for FMLA leave includes written documentation confirming a covered military member's active duty, or call to active duty status, in support of a contingency operation and supports the need for leave.
- Please sign this application and forward it to Human Resources. (Proceed to Section 5-Signature)

Section 4 – Military Leave Serious Injury (up to 26 weeks of leave)

- What is the serious health condition? _____
- Covered servicemember's must be a current member of the regular Armed Forces, the National Guard, or Reserves. Please provide the covered servicemember's military branch, rank and unit currently assigned to: _____

- Is the covered servicemember on the Temporary Disability Retired List (TDRL)? ☐ Yes ☐ No

- Describe the care to be provided: _____
- A complete and sufficient certification to support a request for FMLA leave due to a covered service member's serious injury or illness includes written documentation as provided by the United States Department of Defense Health Care Provider. Please complete the districts Certification for Serious Injury or Illness of Covered Servicemember form and return to Human Resources.
- Please sign this application and forward to Human Resources. (Proceed to Section 5-Signature)

Section 5 – Washington Paid Family and Medical Leave

If you have worked 820 hours (about 16 hours a week) in Washington and experienced a qualifying event, you may be eligible for the Washington Paid Family and Medical Leave. The state will determine if you are eligible.

- Will you be applying through the state for Paid Family and Medical Leave as well?
 - ☐ No, I am not applying;
 - ☐ Yes, I plan to apply.

(please apply for leave with the Employment Security Department at www.paidleave.wa.gov)
- Please sign this application and forward it to Human Resources. (Proceed to Section 6-Signature)

Section 6 – Signature

I hereby certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Employee Signature

Date

Human Resources Use Only

☐ Request Granted

☐ Request Denied

Reason for Denial: _____

Human Resources Authorization _____ Date _____