



PFML LEAVE FORM

Last First Middle Initial Social Security Number (last 4 digits)

Mailing Address City State Zip

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Primary Phone Secondary Phone Email Address

Position Location/Department

Hours per week Days per week Days per year

LEAVE REQUESTED

Leave start date Leave end date
Consecutive Intermittent (at least 8 hours at a time)

DESCRIPTION OF LEAVE

Please provide a brief description of the leave you are requesting.

LEAVE INFO NEEDED

Have you already applied with the Employment Security Department? Yes No

If no, when do you plan to apply? _____

Are you intending to use available paid leave to supplement your pay while on PFML?

No Yes, I wish to apply the following accrued leaves as a supplemental compensation benefit:

Sick Leave Personal Leave Vacation

In order for the district to correctly supplement your paid leave, you will need to provide the following:

- Weekly benefit amount documentation from employment security department
- Weekly screenshot of payment showing that it was deposited by EDS, the date deposited, and the amount. You will need to indicate the date range for the payment as there may be a delay in pay from the ESD.

PLEASE INITIAL THE FOLLOWING TO CONFIRM UNDERSTANDING

_____ I understand that my pay will be suspended while receiving PFML benefits.

_____ I understand that my pay will be re-calculated upon my return to work to account for the period of unpaid leave while on PFML and this may impact my pay for the remainder of the contract year.

_____ I understand that it is my responsibility to give timely notice when there are changes with my PFML.

APPROVALS: *Signature of supervisor required prior to submitting to Human Resources*

Employee Signature

Supervisor Signature

OFFICE USE ONLY

HR _____ Payroll _____