



# Sequim School District No. 323

**“Engage Empower Thrive”**

503 North Sequim Avenue, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303, [www.sequimschools.org](http://www.sequimschools.org)

## APPLICATION FOR MEDICAL LEAVE

\_\_\_\_\_ Original application

\_\_\_\_\_ Extension/Change

\_\_\_\_\_ Employee’s Name (printed)

\_\_\_\_\_ Date of Hire

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Dept/Bldg

### NOTE:

- Many of the following questions may appear personal, but requested information is necessary to determine your legal rights as to the requested leave. Any medical information will be kept in a confidential file.
- Any medical leave requires a doctor’s note.
- Any unpaid leave could affect retirement
- Signed leave slips must be turned in for any leave of absence.

### I AM REQUESTING:

A. \_\_\_\_\_ **Leave due to a serious health condition** (if checked, also check one of the numbers listed below and fill out “Medical Leave Only” box on next page. Medical certification by the family member’s health care provider will also be required):

\_\_\_\_\_ Myself                      Is this related to an on-the-job injury? \_\_\_\_\_ Yes    \_\_\_\_\_ No

\_\_\_\_\_ Other Family Member (indicate relationship) \_\_\_\_\_

B. \_\_\_\_\_ **Leave to care for a newborn or newly placed adopted or foster child**  
(if checked, fill out “Parental Leave Only” box on the next page.)

Leave to begin: \_\_\_\_\_ Date                      Expected return: \_\_\_\_\_ Date

Have you taken any long-term, medical leaves in the past twelve (12) months?          \_\_\_\_\_ Yes          \_\_\_\_\_ No

I am aware that FMLA is unpaid leave, I may elect to apply accrued paid leave (e.g., sick leave, emergency leave, personal leave, or vacation) to this leave period.

**I request that the District apply:** \_\_\_\_\_ days / hours of accrued sick leave to this leave.

\_\_\_\_\_ days / hours of accrued personal leave to this leave.

\_\_\_\_\_ days / hours of accrued vacation leave to this leave.

I am aware that Family and Medical Leave (FMLA) regulations apply for certain long-term leaves. If I am eligible, up to twelve (12) weeks of my leave will be designated as FMLA. The twelve (12) weeks leave entitlement shall include and count such time used for other leaves except it may not count the days used as sick leave for pregnancy or childbirth disability. If I fail to return\* to work upon the conclusion of FMLA for reasons not due to illness or circumstances beyond my control, I may be responsible for reimbursing the Sequim School District for all medical premiums paid during any unpaid FMLA.

\* An employee who returns to work for at least thirty (30) calendar days is considered to have “returned” to work.

Sequim School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX and Civil Rights Compliance Coordinator: Victoria Balint, [vbalint@sequimschools.org](mailto:vbalint@sequimschools.org) 503 N Sequim Ave., Sequim, WA 98382, 360-582-3260, and for Section 504/ADA Coordinator, Cheryl McAliley, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3402, [mmcaliley@sequimschools.org](mailto:mmcaliley@sequimschools.org)  
El Distrito Escolar de Sequim no discrimina en ningún programa o actividad por motivos de sexo, raza, credo, religión, color, origen nacional, edad, estado de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o el uso de un guía para perros o animales de servicio y proporciona el mismo acceso a los Boy Scouts y otros grupos de jóvenes designados. Los siguientes empleados han sido designados para manejar preguntas y quejas de supuesta discriminación: Título IX, y Coordinador de Cumplimiento de los Derechos Civiles: Victoria Balint, [vbalint@sequimschools.org](mailto:vbalint@sequimschools.org) 503 N Sequim Ave., Sequim, WA 98382, 360-582-3260, y para el Coordinador de la Sección 504/ADA, Cheryl McAliley, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3402, [mmcaliley@sequimschools.org](mailto:mmcaliley@sequimschools.org)

**MEDICAL LEAVE ONLY** (answer all items):

1. What is the serious health condition? \_\_\_\_\_
2. When did you learn of the need for the leave? \_\_\_\_\_
3. If the medical leave is for yourself, are you unable to work or to perform essential functions of your job?  
Yes \_\_\_ No \_\_\_
4. If the medical leave is due to a child's medical condition, what is his/her age? \_\_\_\_\_
5. If the medical leave is due to medical condition of a spouse, parent, or child, is he/she capable of self-care?  
Yes \_\_\_ No \_\_\_ If no, why not? \_\_\_\_\_

**PARENTAL LEAVE ONLY** (answer all items):

1. Care of a newborn child? Yes \_\_\_ No \_\_\_
  - If yes, anticipated date of birth: \_\_\_\_\_
2. Placement of an adopted child? Yes \_\_\_ No \_\_\_
  - If yes, date of birth: \_\_\_\_\_
  - Date of Placement: \_\_\_\_\_
3. Placement of a foster child? Yes \_\_\_ No \_\_\_
  - If yes, date of birth: \_\_\_\_\_
  - Date of Placement: \_\_\_\_\_
4. If your spouse is employed by this school district, will the spouse take leave time to care for the same child?  
Yes \_\_\_ No \_\_\_ (if yes, provide name of spouse/employee as shared leave provisions apply.)  
Name of the other employee/spouse: \_\_\_\_\_

***Please contact the Payroll and Benefits Department to schedule an appointment to meet concerning benefits, sick leave, changes in FTE, etc. Contact –Payroll and Benefits Department, Sequim S.D. 360-582-3247 or 360-582-3267.***

***IMPORTANT INFORMATION CONCERNING BENEFITS:*** 1. A district employee on an approved leave under the federal Family and Medical Leave Act (FMLA) or the family and medical leave insurance program under chapter 50A.04 RCW, Paid Family and Medical Leave program (PFML) may continue to receive the employer contribution toward school employees benefits board (SEBB) insurance coverage in accordance with the federal FMLA or RCW 50A.04.245. Employees may also continue current supplemental life, supplemental accidental death, and dismemberment (AD&D), and supplemental long term disability insurance. The school employee's SEBB organization is responsible for determining if the school employee is eligible for leave under FMLA and the duration of such leave. The Employment Security Department is responsible for determining if the school employee is eligible for leave under the Paid Family and Medical Leave program (PFML). 2. If a school employee's monthly premium or applicable premium surcharges remain unpaid for sixty days from the original due date, the school employee's SEBB benefits will be terminated retroactive to the last day of the month for which the monthly premium and applicable premium surcharges were paid. 3. If a school employee exhausts the period of leave approved under FMLA or paid family and medical leave, SEBB benefits may be continued by self-paying the premium and applicable premium surcharges set by the health care authority (HCA), with no contribution from the SEBB organization, as described in WAC 182-31-100(1).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Supervisor Signature

\_\_\_\_\_  
Date

**Human Resource Department Use Only**

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Board Approval Date** \_\_\_\_\_ **To Payroll** \_\_\_\_\_