

LEAVE OF ABSENCE REQUEST FORM

Employees requiring a leave of absence or reduced schedule for medical reasons for themselves or for a qualifying family member, pregnancy disability leave or for parental leave for the purpose of bonding with a newborn, adopted child or foster care placement may qualify for protected leaves. To see if you qualify, please return this form to the Human Resources Office in person, by campus mail, or email your form to benefits@pierce.ctc.edu. Employees will receive an eligibility letter outlining qualifying leave types and any required verification and/or supporting documentation needed to process the leave request.

| Section 1 – Completed by Employee | | |
|--|--|-----|
| Employee's Last Name, First, MI: (Please Print) | Division/Department: | EID |
| Employee Type: <input type="checkbox"/> Classified <input type="checkbox"/> Administrative Exempt <input type="checkbox"/> Full Time Faculty <input type="checkbox"/> Part Time Faculty <input type="checkbox"/> Part Time Hourly | Do you work in multiple positions at Pierce College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: | |
| <p>This request is not in conjunction with Shared Leave nor Workers Compensation. Please check all that applies.</p> <p><u>CLASSIFIED:</u></p> <input type="checkbox"/> As a Classified employee, I will exhaust my accrued paid leave during FMLA in accordance with the WPEA CBA. <input type="checkbox"/> As a Classified employee, I intend to apply for WA Paid Family Medical Leave (PFML) which runs concurrently with FMLA. <input type="checkbox"/> As a Classified employee, I intend to use my accrued leave as a supplemental benefit during PFML. | | |
| <p><u>ADMINISTRATIVE EXEMPT:</u></p> <input type="checkbox"/> As an Exempt employee, I elect to exhaust my accrued sick leave and vacation leave before FMLA begins . • For parental leave, employee exhausts all paid leave except sick leave and then begins unpaid FMLA Parental Leave. <input type="checkbox"/> As an Exempt employee, I elect to use my accrued sick leave and vacation leave during FMLA. <input type="checkbox"/> As an Exempt employee, I intend to apply for WA Paid Family Medical Leave (PFML) which runs concurrently with FMLA. <input type="checkbox"/> As an Exempt employee, I intend to use my accrued paid leave as a supplemental benefit during PFML. | | |
| <p><u>FACULTY:</u></p> <input type="checkbox"/> As a Faculty employee, I elect to exhaust my accrued sick leave before FMLA . <input type="checkbox"/> As a Faculty employee, I elect to use my accrued sick leave during FMLA. <input type="checkbox"/> As a Faculty employee, I intend to apply for WA Paid Family Medical Leave (PFML) which runs concurrently with FMLA. <input type="checkbox"/> As a Faculty employee, I intend to use my accrued leave as a supplemental benefit during PFML. | | |
| <p><u>PART TIME HOURLY:</u></p> <input type="checkbox"/> As an Hourly employee, I will exhaust my accrued sick leave before using leave without pay. <input type="checkbox"/> As an Hourly employee, I intend to apply for WA Paid Family Medical Leave (PFML). | | |
| <p>Reason(s) for Request:</p> <input type="checkbox"/> Your own Serious Health Condition (Includes Post-Partum Recovery) <input type="checkbox"/> Serious Health Condition of a Family Member: <input type="checkbox"/> spouse; <input type="checkbox"/> child; <input type="checkbox"/> parent due to their own serious health condition | | |

- Parental Bonding (Biological, Adoption or Foster Care)
- Pregnancy Disability Leave
- Military Leave (Family/Caregiver): covered service member (self); spouse; child; parent; next of kin
- Other (Please Specify):**

Use this space for additional information/comments related to your request:

| Requested Leave of Absence | | Leave taken will be: | If intermittent, estimate number of days and duration: |
|----------------------------|----|---|--|
| From | To | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Both | _____ days per week _____ days per month Duration: _____ hours or _____ day(s) per episode |

If both, continuous leave from _____ to _____
(Start Date) (End Date)

If both, intermittent leave from _____ to _____
(Start Date) (End Date)

If requesting a reduced schedule, list days/hours:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Section 2 – Employee Signature

By my signature below, I certify the information I provided is true, accurate and complete. I also understand that I must provide supporting documentation outlined in an eligibility letter in order for my leave request to be processed by Human Resources.

| | |
|--------------------|-------------|
| Employee Signature | Date Signed |
|--------------------|-------------|

Date Last Updated: May 5, 2021