



Request for Medical Leave Form

EMPLOYEE INFORMATION			
Employee Name: (First, Last)			
Home Address:	City:	State:	Zip:
Job Title/ Building or Department:	Telephone Number: <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
Preferred Email while on leave:	Supervisor Name:		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
TYPE OF LEAVE			
<input type="checkbox"/> Consecutive Leave of Absence		<input type="checkbox"/> Intermittent Absence (information required below)	
<u>For Intermittent Absences:</u> Please describe your anticipated intermittent or reduced work schedule.			
REASON(S) FOR LEAVE			
Please check the applicable reason for your leave request below. For more information regarding the Family Medical Leave entitlement, please visit Human Resources/Employee Information/Employee Leave and Accommodation Information on the Puyallup School District website. You may also contact Dawn Pyles, Human Resources Leave and Accommodations Coordinator .			
<input type="checkbox"/> Employees Own Serious Health Condition			
<input type="checkbox"/> Care for a Parent, Spouse, Domestic Partner or Child with a serious medical condition.			
<i>For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.</i>			
<input type="checkbox"/> A medical certification or doctor's note is enclosed.			
<input type="checkbox"/> I will provide a medical certification or doctor's note within 15 days to Human Resources			
<i>Medical Certification:</i>			
The District requires medical certification within 15 calendar days of any medical leave request and/or the start of medical leave absences. Failure to provide medical certification may result in leave denial. Your request for leave is not complete until medical certification is received. The medical certification must include the following:			

- contact information for the health care provider;
- when the serious health condition began;
- how long the condition is expected to last;
- appropriate medical facts about the condition (which may include information on symptoms, hospitalization, doctor's visits, and referrals for treatment);
- whether you are unable to work or your family member needs care; and
- whether you need leave continuously or intermittently. (If you need to take leave a little bit at a time, the certification should include an estimate of how much time you will need for each absence, how often you will be absent, and information establishing the medical necessity for taking such intermittent leave.)

If the District finds that necessary information is missing from your certification, we will notify you in writing of what additional information is needed to make the certification complete. You must provide the missing information within seven (7) calendar days. If your need for leave continues for an extended period, or if it changes significantly, your employer may require you to provide an updated certification.

Safety Sensitive Positions:

If your position requires responsibility of your safety or the safety of others, it may be necessary for you to provide further information regarding your medical condition. This documentation may be requested by Human Resources at any time from the date of leave request and/or before you return to work from leave. All information obtained from your Medical Provider will be kept confidential and within HIPAA guidelines and compliance. The District may also require a second medical opinion at District cost before a return to work. You will be notified in writing of this requirement and may be asked to complete an authorization to release information. All requested documentation must be provided within 15 days from the date of your leave request, first medical absence or a return to work. Failure to provide the requested documentation may result in suspension of leave, temporary removal from safety sensitive duties and/or further disciplinary action.

LEAVE ACCRUAL OR LEAVE SHARE

An approved medical leave may be paid or unpaid depending on an employee's available leave accrual. Please check all that will apply to your [collective bargaining agreement](#):

Sick Leave Personal leave Discretionary Family Illness Comp Vacation

Other _____

If you have exhausted or will soon exhaust all available leave accrual, please check the box below to be considered for leave share. The District's leave share program allows others in the District to donate sick leave to you for the approved disability time.

I would like to [request leave share](#) at this time

Employee Signature:

Date:

HUMAN RESOURCES DATE STAMP

Please send your request to Dawn Pyles, Human Resources Leave and Accommodations Coordinator 30 days prior to your anticipated leave. All information may be sent by courier mail, fax (253-841-8650) or emailed to PylesDM@puyallup.k12.us.