

This form is for non-school business leave only. Please use form 5400F4 for school business leave, and 5400F5 for unpaid leave.  
**Please follow the submission guidelines listed by the type of leave you're requesting.**

Name of Employee \_\_\_\_\_

Building/Location \_\_\_\_\_ Position \_\_\_\_\_

Beginning date of absence \_\_\_\_\_ Last date of absence \_\_\_\_\_ Total number of days requested \_\_\_\_\_

Is substitute required?    Yes    No                      Do you need assistance getting a substitute?    Yes    No

Pre-arranged substitute's name \_\_\_\_\_

**Type of leave requested:**

**Employee/Family Illness**

*\*Four or more days-submit form to supervisor and HR  
 \*Fewer than four days-as a professional courtesy, please notify your supervisor of any pre-planned absences and enter the absences into ReadySub as soon as possible.*

**\*Maternity/Paternity Leave**

*\*Needs supervisor and HR approval*

Dates using sick leave \_\_\_\_\_

Dates using PFML \_\_\_\_\_

**Personal Leave**

*\*All personal leave needs supervisor approval.  
 \*Three or more days also needs HR approval.*

**Bereavement**

*\*Needs supervisor and HR approval.  
 \*Relationship to deceased \_\_\_\_\_*

**Jury Duty**

*\*Please attach summons.*

**Unpaid Leave**

*\*Please complete Form 5400F5 if your request includes unpaid leave.*

Description of leave requested or reason for use of extended employee/family illness leave:

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

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Denied    Rationale: \_\_\_\_\_

HR Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Denied    Rationale: \_\_\_\_\_

**District Use Only**

Principal/Supervisor

Substitute Coordinator

HR - Contracts

Initials/Date \_\_\_\_\_

Employee

Payroll

Personnel Report

## **The difference between FMLA and PFML:**

**FMLA** is the Family Medical Leave Act. FMLA is a federal program. To qualify, an employee must have been employed with the Arlington School District for one (1) year and worked 1,250 hours in the past rolling year. FMLA provides for the continuation of your health benefits and a return to your position or a nearly identical position with the same pay and benefits.

**PFML** is Paid Family Medical Leave. PFML is a state program. An employee is eligible to apply if they have worked 820 hours in the past 52 weeks. The District does not determine approval for this state benefit. You will need to apply and receive notification of decision through the State of Washington. If you are approved, you could be eligible for at least 12 weeks of leave. While you are receiving PFML, you will not be receiving pay from the District. Your contract will be paid out to you in one lump sum including your summer months' pay.

You can learn more about the PFML program and how to apply at [paidleave.wa.gov](http://paidleave.wa.gov).