



# Unpaid Leave Request Form

## Overview of Unpaid Leave Requests and Approval Process:

Upon employee request, the employee's supervisor has discretion to consider providing unpaid leave to employees in certain circumstances as described in San Juan Island School District [Policy 5400 Personnel Leaves](#) and [collective bargaining agreements](#). Employees who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence.

Upon recommendation by the supervisor to the Superintendent, and upon approval by the Superintendent, the Superintendent may submit a request for unpaid leave to the Board of Directors for approval.

The option to provide unpaid leave does not obligate the district to do so or in any way limit or prevent the district from pursuing other responses. Additionally, approval of unpaid leave in one circumstance, does not create precedence obligating the district to approve future requests by the same or other employees.

## Please note:

- All unpaid leaves of absence must be approved in advance by the employee's supervisor and the Superintendent. If approved, the Superintendent must submit the request for unpaid leave to the Board of Directors for final approval.
- If the dates of requested leave change, a new leave of absence request must be submitted for approval.
- SEBB-eligible employees on an approved unpaid leave of absence and who have **already worked at least 630 hours** in the school year will continue to receive the full employer contribution. If the SEBB-eligible employee **has not worked 630 hours** during the school year, and the district no longer anticipates the employee will work 630 hours during the school year, the employee is no longer eligible for the employer contribution toward SEBB benefits. (Health Care Authority reference [article](#).)
- Employees returning from a leave of absence must contact HR at least one week in advance of the projected return date.

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

**Please complete Section 1 on the following page, sign the form and submit to your supervisor.**

### Section 1: To be completed by the employee:

Employee name:

Date of request:

Job title:

Requested leave dates (mm/dd/yy):

Reason for the leave of absence:

I have read and fully understand the information contained in San Juan Island School leave of absence policy and Collective Bargaining Agreement.

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Employee signature

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Date

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### Section 2: To be completed by the employee's supervisor:

Leave request is:

Approved

Not approved

If not approved, provide an explanation:

Supervisor Name:

Supervisor Signature:

Date:

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### Section 3: To be completed by Superintendent:

Leave request is:

Approved

Not approved

If not approved, provide an explanation:

Superintendent's signature:

Date:

#### Section 4: To be completed by HR, if approved by the Board of Directors.

Date of Board of Directors Meeting:

Leave request was:                      Approved                      Not approved

Employee's last day worked:    Employee's return-to-work date:

SEBB Insurance to be continued and the weekly/monthly cost to employee:

Yes                      No                      N/A

Total insurance premium due per month:

File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.

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Signature of Employee

Date