

Paid Parental Leave Application

Seattle Education Association Members

Mail completed form to: Seattle Public Schools MS 33-380
PO Box 34165
Seattle, WA 98124-1165 Fax to: 206-252-0021
Email to: HRLeaves@seattleschools.org



To determine eligibility, the noted attachments must be included with this request.

Parental/Guardian Leave for the Care of a child: Upon application to Human Resources, a total of up to five (5) days of leave per year shall be granted with pay to parents or guardians, for the purpose of care for a newborn child, or the placement of a child with the employee for foster care, or for guardianship or other emergency situation where the employee has recently become legally responsible for the care of a newborn or minor child. These days must be applied for and approved through the Human Resources Leave Department. Once approved by Human Resources, these days can be used flexibly, upon approval and pre-arrangement with the principal/supervisor, and then reported to the Leave Department.

Employee Name: _____ Employee ID #: _____

Job Title: _____ School/Program: _____

Reason for request (check one):

- Maternity Leave (full time leave – birth of a child) – attach this form along with your Employee Leave Request and Health Certification form.
- Parental Leave (full time leave - birth of a child) – attach this form along with your Employee Leave Request, Health Certification form, birth record, foster placement orders, or other legal document.
- Parental Leave (full time leave - placement of a child) – attach this form along with your Employee Leave Request, birth record, foster placement orders, legal document, or a signed sworn affidavit of guardianship (*attach affidavit to application*).
- Parental Leave (intermittent leave - placement of a child) – attach this form along with your birth record, foster placement orders, legal document, or a signed sworn affidavit of guardianship (*attach affidavit to application*). List the reason for intermittent use and when you intend to use the five (5) days of paid Parental Leave:

Employee Signature: _____ Date: _____

For Office Use Only:

Request Granted _____ Request Denied _____

Reviewer Signature _____