Thurston County Fire Protection District 8
DISTRICT PROCEDURE MANUAL

PROCEDURE TITLE:	Employee Leave Notice Form
PROCEDURE NUMBER:	3-61-PR-02
REVISION:	0
DATE ISSUED/REVISED:	
FIRE CHIEF APPROVAL:	

PAID FAMILY AND MEDICAL LEAVE (PFML) NOTIFICATION

SECTION 1 – LEAVE INFORMATION

_____ _____

Employee Name (please print) *Date*

Anticipated date of Leave to begin _____
and end _____.
If Leave will be taken intermittently, please explain below:
_____

Type of PFML (check one) ☐ *Family or* ☐ *Medical*

SECTION 2 – SUPPLEMENTAL BENEFIT

☐ *I wish to use paid leave to supplement my PFML benefit:*
Please supplement my benefit from (check one) ☐ *Sick Leave or* ☐ *Vacation*

☐ *I do no with to use paid leave, and I understand I am required to pay any employee contribution to an employer sponsored insurance plan.*

SECTION 3 – WAITING PERIOD

I understand that I may not receive payment through PFML during the first week of my claim (the "waiting period"). To the extent my claim involves a period of non-payment, I elect to (check one):

☐ *Use my available leave during such period as follows:*
(check one) ☐ *Sick Leave or* ☐ *Vacation*
☐ *Receive no payment for the District during such period.*

SECTION 4 – SIGNATURE

By signing below, I certify the information contained herein is true and accurate. In the event of a change in circumstances that would impact the District or the administration of my claim, I will promptly notify the District of the same.

_____
Signature