

## NON-MEDICAL LEAVE REQUEST APPLICATION

Applicant Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Requested Start Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Scheduled Weekly Hours: \_\_\_\_\_  
Estimated End Date: \_\_\_\_\_

Continuous

Intermittent

**Purpose of Leave:**

Personal (unpaid)

Run for Office

Sabbatical

Military – Active Duty

Other:

(Copies of Military Orders are required for Military Leave.)

Reason \_\_\_\_\_

I understand that any absence without approval may constitute cause for termination.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

[ ] Approved

[ ] Disapproved

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT DIRECTOR

\_\_\_\_\_  
DATE

For Leaves over 30 days : [ ] Approved

[ ] Disapproved

\_\_\_\_\_  
SIGNATURE OF HUMAN RESOURCES DIRECTOR

\_\_\_\_\_  
DATE

Comments:

\*For FMLA/Medical leave use the FMLA/Medical Leave Form found on the HR website. <https://my.co.pierce.wa.us/229/Leaves>

Human Resources Department  
4301 S Pine St, Suite 200  
Tacoma, WA 98409  
253-798-7480 | Fax 253-798-8558  
HRLeaveAdmin@piercecountywa.gov

**PIERCE COUNTY – NON-MEDICAL LEAVE REQUEST INSTRUCTIONS**

NON-MEDICAL LEAVE

- 1. At least 30 days prior to the date that the leave is to begin, employee completes the Non-Medical Leave Request Application form and submits it to their supervisor. Unforeseen circumstances may waive the 30-day requirement.
- 2. The form must be given to the Department Director, who then approves or denies the request.
- 3. If approved by the Department Director, the department forwards the Leave form to the Human Resources Department  
NOTE: Leaves-Without-Pay for greater than 30 days require the Human Resources Director’s approval.
- 4. The Human Resources Director approves or disapproves the request.
- 5. The employee and originating department are sent a copy of the Non-Medical Leave Request Application which includes the Human Resources Director’s approval/disapproval, as well as any further instruction.
- 6. Risk Management-Benefits Division (253-798-7462) will notify the employee of any affect the leave may have on the continuation or discontinuation of their benefits.

HR USE ONLY

Extension Request Date: \_\_\_\_\_

Amended End Date: \_\_\_\_\_

Workday Entry: \_\_\_\_\_

Copies Sent: \_\_\_\_\_

Logged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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