



Family Medical Leave of Absence Request Form (for employee or family member)

Complete, sign and return to Human Resources. Human Resources will facilitate the approval and notification process. Requests for leaves of absence should be made at least 30 days in advance whenever possible. Staff and Faculty members should read the appropriate paid/unpaid leaves of absence policies in the HR Policy Manual (Section 10) prior to completing the Leave of Absence Request Form.

Employee Name (please print): _____ Hire Date: _____ Home Phone: _____

Home Address: _____

City, State, Zip Code: _____

Faculty Staff Title: _____ Department: _____

Supervisor: _____

Type of Leave (check all applicable):

- Family Medical Leave (FMLA) for Employee
- Family Medical Leave for Spouse, Dependent Child or Parent
- Maternity Leave (for employees with less than 12 months of service **or** in addition to FMLA if eligible)
- Medical Leave for Employee (Not FMLA Eligible)
- Paternity Leave for Employee (FMLA)
- Military Family Exigency Leave (FMLA)
- Military Care Give Leave (FMLA)

Start of leave (first day absent from work): _____

End of leave (last day absent from work): _____

Regular Hours worked/week: _____ Full-Time Part-Time

Intermittent Leave Request: Yes No If Yes, please attach proposed schedule

For all medical leaves of absence, a completed Certification of Health Care Provider form must be turned in within 15 days of receipt of this form, except for FMLA leave to care for a child after birth or adoption. If this is intermittent leave or a reduced work schedule, please attach a description of the schedule of days/hours that will be considered leave time.

Accrued Leave Benefits

An employee must exhaust all accumulated sick leave at the onset of the leave period for their own serious health condition. An employee may use sick leave to continue paid status for other family members or vacation leave following exhaustion of sick leave.

Do you wish to use vacation leave for any unpaid leave? Yes No

If yes, how many hours do you want to use? _____ Hours All Available

You may qualify for sick leave donations if you have exhausted your sick leave account and all but five days of vacation because of a serious personal illness or injury. These may be used during the 30-day waiting period before short-term disability begins. Ask Human Resources if you think you may qualify.

Health Benefits

If medical leave and/or FMLA leave is requested to care for a child after birth or adoption, do you plan to add the child to your SU medical insurance? Yes No If yes, you must submit a Status Change Request Form within 60 days of the child's birth or adoption.

If the proposed medical leave includes any full month of unpaid leave, how will you pay for your portion of the benefit costs (typically costs beyond what Benefit Dollars provide)? By Personal Check Payroll Deduction (deducted prior to leave)

Please sign and return this form to Human Resources with a completed Certification of Health Care Provider within 15 days. Please note that a leave is not approved until all required documentation has been submitted. You will be notified when the process is complete.

Employee Signature: _____ Date: _____

OFFICE OF HUMAN RESOURCES

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