



Eastern Washington University Employee Leave Request Form

Employee – Please complete all fields below so that we may contact you if needed:

Employee's Name: ID #:

Department: Supervisor:

Work Phone: Home Phone:

Mailing Address:

Personal Email:

_____ Initial to confirm you have notified your supervisor of the need and duration for leave requested below. (Specific medical information does not need to be provided to supervisors)

Reason for Leave

- Birth of a child Due Date: _____
- Adoption or Foster Care of child Placement Date: _____
- My serious health condition
- Care of an immediate family member with a serious health condition: Spouse Child Parent
- Military exigency due to a family member (spouse, son, daughter or parent) who is on active duty or has been notified of an impending call to active duty in the National Guard or Reserves in support of a contingency operation
- Military caregiver leave
- Check box if this request is because of a work related incident/injury**

Length or Frequency of Leave

Requested leave start date: _____ Anticipated leave end date: _____

Will you be absent from work continuously for a period of time? Yes No

If **yes**, provide the time frame during which you will be continuously absent from work:

From: _____ To: _____

If your absences will not be continuous (intermittent), how often do you expect to be absent from work?
_____ hours per day; week; month

Employee Signature

By my signature below, I certify the information I provided is true, accurate and complete. I also understand that I must provide supporting documentation in order for my leave to be processed and approved by Benefits.

Employee Signature	Date Signed
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Employees must provide a statement from a qualified health care provider confirming the medical necessity for leave (Certificate of Health Care Provider is available on the Benefits/HR website or in the Benefits office in Showalter Hall #318) or a statement from the appropriate agency for placement of a child or a copy of the covered military member's active duty orders. Your leave request cannot be approved without these completed forms.

Have questions? Please call the Benefits Office at 509-359-4300. Note: Employees are responsible for entering their timesheet in to Banner for every pay period they are on leave. Employees should check with the Benefits Office regarding how many hours will need to be used in order to maintain their benefits.