



## FACULTY LEAVE REQUEST FORM

*This form is to be completed (30) days prior to needed leave or as soon as need for leave is known  
(See CBA Article 11)*

<b>Name:</b>	<b>Department:</b>
Type of Leave: (Check all that apply)  <input type="checkbox"/> Sick Leave <input type="checkbox"/> Short Term Disability Leave	Type of Faculty:  <input type="checkbox"/> Tenured <input type="checkbox"/> Special Faculty <input type="checkbox"/> Probationary <input type="checkbox"/> Adjunct (2 weeks sick leave only)
<b>Personal Email:</b>	
<b>Personal Phone Number:</b>	<b>Work Phone Number:</b>
<b>Sick Leave (max. 2 weeks) Begin Date:</b>	<b>End Date:</b>
<b>Short Term Disability Leave Begin Date:</b>	<b>End Date:</b>
<b>If taking intermittent leave, please provide additional information regarding reduced workload or schedule:</b>	
<b>Faculty Signature:</b>	<b>Date:</b>
<b>Chair Signature:</b>	<b>Date:</b>
The Chair's signature confirms arrangements have been made to cover or reschedule class and adjust workload if needed per the CBA Article 11 for Sick or Short Term Disability Leave.	
<b>Dean Signature:</b>	<b>Date:</b>
The Dean's signature reflects they have confirmed necessary written medical verification has been submitted to the Benefit's Office and approves or disapproves Short Term Disability Leave only.	
<b>Dean:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

The FMLA Health Care Provider Medical Certification will need to be provided to the Benefits office. Please contact Benefits at [Benefits@ewu.edu](mailto:Benefits@ewu.edu) or 509-359-4300 for this form.

**A note regarding Washington State's Paid Family and Medical Leave (PFML):** EWU allows Washington State faculty members to use their paid time off (sick and/or short-term disability) to supplement the payments they receive from PFML. These are known as supplemental benefits. Faculty members who designate leave as supplemental will receive their full sick and/or short - term disability pay in addition to any PFML wage replacement benefit received. Please inform Benefits immediately if you plan on applying for PFML or if you are approved for PFML leave so that arrangements can be made for supplemental benefits. Benefits: 509-359-4300 or [Benefits@ewu.edu](mailto:Benefits@ewu.edu).

Copy to: Benefits ([Benefits@ewu.edu](mailto:Benefits@ewu.edu) or Showalter Hall 318)