



## FACULTY REQUEST FORM FOR/OR REPORT OF SICK LEAVE

*This form to be completed seven (7) days prior to needed leave or within three (3) days following return to work.*

*[See CBA 11.1]*

Name:	Department:
Date Beginning:	Date Ending:
Comments:	<input type="checkbox"/> Tenured  <input type="checkbox"/> Probationary  <input type="checkbox"/> Special Faculty  <input type="checkbox"/> Adjunct
<p>Faculty Signature: _____ Date: _____</p> <p>Chair Signature: _____ Date: _____</p> <p>Dean or Designee Signature: _____ Date: _____</p> <p>The Chair or Dean signature confirms that they were notified.</p> <p>The FMLA Health Care Provider Medical Certification will need to be provided to the Benefits office. Please contact Benefits at <a href="mailto:Benefits@ewu.edu">Benefits@ewu.edu</a> or 509-359-4300 for this form.</p>	

**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 the Benefits Office 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. EWU 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)