

**Eastern Washington University Employee Leave Request Form**
**Employee – Please complete all fields below so that we may contact you if needed:**

Employee's Name:	<input style="width: 95%;" type="text"/>	ID #:	<input style="width: 95%;" type="text"/>
Department:	<input style="width: 95%;" type="text"/>	Supervisor:	<input style="width: 95%;" type="text"/>
Work Phone:	<input style="width: 95%;" type="text"/>	Home Phone:	<input style="width: 95%;" type="text"/>
Mailing Address:	<input style="width: 95%;" type="text"/>		
Home Email:	<input style="width: 95%;" type="text"/>		

**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 FMLA start date:       Anticipated FMLA end date:

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

If **yes** can you provide a 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 Human Resources.**

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 HR website or in the HR office in Showalter Hall #314) 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 Human Resources at 509-359-6904. Note: Employees are responsible for entering their timesheet in to Banner for every pay period they are on leave. Employees should check with H.R. regarding how many hours will need to be used in order to maintain their benefits.