EASTERN WASHINGTON UNIVERSITY

FACULTY REQUEST FORM FOR SHORT TERM DISABILITY/ FMLA

This form to be completed thirty (30) days prior to needed leave, or as soon as need for leave is known.
[See CBA 11.3]

Name:	Department:
Date Beginning:	Date Ending:
Attach FMLA Certification of Health Care Provider form or other supporting documentation from your health care provider. (Available from Human Resources, Showalter 314, or call 359-6904 or https://sites.ewu.edu/hr/view/hr-forms/	☐ Rank: _____ ☐ Tenured ☐ Probationary ☐ Special Faculty
Comments/Explanation	

Faculty Signature: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

☐ Approved ☐ Disapproved

Human Resources _____ Date: _____

☐ Approved ☐ Disapproved

Original to: Human Resources, 314 Showalter Hall

Revision: 3/29/19