



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:
FMLA medical certification form will also need to be provided to the Benefits office. Please contact Benefits at hrleave@ewu.edu or 509-359-4827 for this form.	<input type="checkbox"/> Tenured <input type="checkbox"/> Probationary <input type="checkbox"/> Special Faculty
Comments:	
Faculty Signature: _____ Date: _____ Chair Signature: _____ Date: _____ Dean Signature: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

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- 4827 or hrleave@ewu.edu.

Copy to: Benefits (hrleave@ewu.edu or Showalter Hall 318)