

## 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)

Name:	Department:
Type of Leave:	Type of Faculty:
(Check all that apply)	Tenured
Sick Leave	Special Faculty
Short Term Disability Leave	Probationary
	Adjunct (2 weeks sick leave only)
Personal Email:	
Personal Phone Number:	Work Phone Number:
Sick Leave (max. 2 weeks) Begin Date:	End Date:
Short Term Disability Leave Begin Date: End Date:	
Faculty Signature:	Date:
Chair Signature:	Date:
The Chair's signature confirms arrangements the CBA Article 11 for Sick or Short Term D	have been made to cover or reschedule class and adjust workload if needed per Disability Leave.
Dean Signature:	Date:
The Dean's signature reflects they have confi Office and approves or disapproves Short Te	irmed necessary written medical verification has been submitted to the Benefit's rm Disability Leave only.
Dean: Approved Disap	proved

The University's medical certification form will also need to be provided to the Benefits office. Please contact Benefits at 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.

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