

**FACULTY ABSENCE FORM**  
**FOR REPORTING OR REQUESTING LEAVE**

*REFER TO THE CURRENT CWU/UFC COLLECTIVE BARGAINING AGREEMENT FOR LEAVE  
 ELIGIBILITY REQUIREMENTS.*

Name:		Department:										
CWU ID #:		Date Beginning:	Date Ending:									
<b>Medical</b>		<b>Non-Medical</b>										
<input type="checkbox"/> SICK LEAVE (up to 2 weeks) <input type="checkbox"/> SHORT TERM DISABILITY (Medical certification required.) <input type="checkbox"/> MATERNITY RELATED LEAVE		<input type="checkbox"/> PARENTING LEAVE <input type="checkbox"/> CONFERENCE/TRAVEL <input type="checkbox"/> BEREAVEMENT <input type="checkbox"/> COURT SERVICES <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER LEAVE										
<p align="center"><b>IF REQUESTING MEDICAL LEAVE</b></p> <p><b>To determine eligibility for Family Medical Leave (FMLA)</b></p> <p>Do you anticipate that your leave will be :</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>Longer than 2 consecutive workweeks</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Cause for intermittent leave</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>			YES	NO	Longer than 2 consecutive workweeks	<input type="checkbox"/>	<input type="checkbox"/>	Cause for intermittent leave	<input type="checkbox"/>	<input type="checkbox"/>	<p align="center"><b>IF REQUESTING NON-MEDICAL LEAVE</b></p> <p>COMMENTS/EXPLANATION</p>	
	YES	NO										
Longer than 2 consecutive workweeks	<input type="checkbox"/>	<input type="checkbox"/>										
Cause for intermittent leave	<input type="checkbox"/>	<input type="checkbox"/>										

**The request for leave has been considered and the needs of the department have been met as described below**

Classes Affected		Class Meets		Class to be:	If class is Reassigned
Name	Sect #	Days	Time	<u>C</u> ancelled <u>R</u> eassigned	Name of Instructor

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chair: \_\_\_\_\_ Date: \_\_\_\_\_

All non-medical leave and medical leave longer than two weeks must be preapproved by the dean.

**Approved**                       **Not approved**

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_