

Central Washington University Request for Family and Medical Leave (FMLA)

Employee – Please complete all fields below:

Employee's Name: _____ Home Phone: _____

CWU ID#: _____ Home Email: _____

Department: _____ Mailing Address: _____

Work Phone: _____

Work Email: _____

Supervisor: _____

Supervisor Phone: _____

Supervisor Email: _____

Reason for Leave

Birth of child Estimated Due date: _____

Placement of child with me for adoption or foster care Placement date: _____

My Serious health condition

Care for an immediate family member with a serious health condition Spouse Child* Parent

Military Family Leave

*Please note: In order to take FMLA leave to care for a child over the age of 18, the child must be "incapable of self-care because of a mental or physical disability at the time FMLA leave is to commence."

Qualifying Exigency Leave (due to deployment)

Military Caregiver Leave (due to injury/illness)

Length or Frequency of Leave

Requested FMLA start date: _____ Anticipated FMLA end date: _____

Will you be absent from work continuously, intermittently or both? Continuously Intermittently Both

Provide a time frame during which you will be continuously absent from work. From: _____ To: _____

If intermittent, how often do you expect to be absent from work? _____ Hours per day; week; month

Employee Signature

Date

Additional documentation will be required appropriate to employees situation. Please call 963-1202 to schedule a time to meet with HR's FMLA Specialist.