

Leave Request
For absences of more than three days

Name		Date	
Supervisor:		Dept./ College	

Please provide 30 days advance notice of a leave if possible.

Option	Type of Leave Requested:	Dates Requested:	Total Hrs:
	Jury Duty		
	Military Leave for Self		
	Family Military Leave		
	On-the-job Injury (FMLA)		
	Bereavement Leave		
	Victim's Leave		
	Personal		
	Sick Time – Health Condition for Self (FMLA)		
	Sick Time – Doctor's Appointment		
	Sick Time – Washington State Disability Leave for Self		
	Sick Time – Birth, Adoption, or Placement of Foster Child (FMLA)		
	Sick Time – Serious Health Condition of Spouse, Child or Parent (FMLA)		
	Sick Time – Serious Health Condition of Parent, Adult Child, Parent-in-Law, Grandparent (FCA)		
	Other (please specify)		

Please refer to the Leaves of Absence Guideline or Student Catalog for full details and requirements or call Human Resources/Student Affairs for questions.

Comments: _____

Signature of Requestor	Date
Supervisor Approval/Acknowledgement	Date
Human Resource/Student Affairs Approval	Date