



Leave of Absence Request Form (For Employee or Family Member)

A Leave of Absence event involves a **serious health condition** that results in work absences greater than three (3) days. Requests for leave should be made at least 30 days in advance when the need for leave is foreseeable. Human Resources will verify your leave request under applicable federal, state, and local laws. Refer to the leave of absence policies on the [Leave of Absence Page](#) prior to completing this form. Submit this completed form and all leave-related correspondence to HRleaves@seattleu.edu.

| | | | |
|------------------------------|--|--------------------|--|
| First & Last Name | | SU ID#: | |
| Hire Date | | SU Phone #: | |

| | | | |
|---------------------|--|-------------------|--|
| Email (Home) | | Email (SU) | |
|---------------------|--|-------------------|--|

| | |
|-------------------------------|--|
| Home Address: | |
| City, State, Zip Code: | |
| State You Work In: | |

| | |
|------------------------------------------------------------|--|
| Regular Hours Worked Per Week: | |
| Job Category (Select One): Faculty, Staff, or Union | |
| Job Title: | |
| Department: | |
| Supervisor Name: | |

LEAVE OF ABSENCE DATES:

| | | | |
|--------------------------------------------------------|--|--------------------------------|--|
| Start of Leave: (First day absent from work) | | Estimated End of Leave: | |
|--------------------------------------------------------|--|--------------------------------|--|

Continuous (Full) Leave **Intermittent Leave**

Have you taken a leave of absence at SU within the past 12 months? Yes No

TYPE OF LEAVE REQUESTED:

- Medical Leave-** for my own serious health condition (not work-related).
- Medical Leave-** for a work-related injury or illness.
- Family Caregiver Medical Leave-** to care for my family member with a serious health condition.

| | |
|----------------------------------------------|----------------------------------|
| Name of family member requiring care: | Click or tap here to enter text. |
|----------------------------------------------|----------------------------------|

RELATIONSHIP:

- Spouse
- Child, under the age of 18
- Parent
- Grandchild
- Sibling
- Registered Domestic Partner
- Child, age 18+
- In-Law
- Grandparent
- Other:

- Pregnancy / Bonding Leave-** post-birth medical recovery and bonding with a new child
- Welcoming a Child Leave-** to bond with a new child due to birth, adoption, or foster care.

Delivery Date, Adoption, or Placement Date:

- Anticipated Date
- Actual Date

- Military Leave-** for a military-related duty.
- Military Exigency Leave-** foreign deployment of the employee’s spouse, son, daughter, or parent.
- Military Caregiver Leave-** care for a family member who is a current service member with a serious injury or illness.
- Domestic Violence Leave-** to aid victims of domestic violence, sexual assault, or stalking- for all employees and qualifying family members.
- Personal Leave-** to support employees who may need a leave of absence that is not covered by other leave policies. Personal leave approval is at the discretion of the manager.

ACCRUED SICK AND/OR VACATION (STAFF ONLY)

You may choose to use your accrued sick and/or vacation hours to supplement any period of your leave that otherwise will be without pay. A waiting period of up to 7 days applies to most medical leaves before any leave pay continuation benefit is processed. The waiting period does not apply to post-natal medical, Welcoming a Child, and military leaves. Eligible employees receiving SU’s expanded leave pay continuation benefit is available for up to 12 weeks, and then reduced leave pay continuation benefits will apply for all leave reasons.

Indicate your payroll selection to SUPPLEMENT your leave with:

| <u>Vacation Hours to Pay/Process</u> | |
|--------------------------------------|----------------------------------|
| Specific # hours: | Click or tap here to enter text. |
| All available hours: | Click or tap here to enter text. |

| <u>Sick Hours to Pay/Process</u> | |
|----------------------------------|----------------------------------|
| Specific # hours: | Click or tap here to enter text. |
| All available hours: | Click or tap here to enter text. |

NOTICE: Hours accrued prior to January 1, 2019, under Seattle University’s former sick leave program (labeled ‘the sick leave reserve bank’) will be deducted commensurate with your family medical leave.

- Medical leaves require a submission of an applicable [Health Care Provider Certification Form](#) (select and submit the appropriate medical certification form based on the reason for your leave, within 15 days of your leave request).
- Supporting documentation for welcoming a child Leave is not required. However, you may be required to submit documentation to verify your family relationship status for family caregiver leave.
- Confirm the actual date of birth, placement, or adoption of your new child (if applicable).

I authorize Seattle University to use the information on this form to determine my eligibility for family medical leave. I attest that I am applying for a leave due to my own serious health condition or to take care of a family member for a qualifying reason under federal/state/local medical leave regulations.

| | | |
|----------------------------|--|--------------|
| Employee Signature: | | Date: |
|----------------------------|--|--------------|