

**WASHINGTON STATE UNIVERSITY  
FAMILY MEDICAL LEAVE/DISABILITY LEAVE  
EMPLOYEE REQUEST**

**Please return form to:** WSU Human Resource Services (HRS)  
 Office Location: 139 French Administration Building  
 OR Mailing Address: PO Box 641014  
 Pullman, WA 99163-1014  
 OR Fax: 509-335-1259  
 Questions? Call HRS at: 509-335-4521

<b>A EMPLOYEE INFORMATION (please print)</b>								
Name (Last, First, MI)			Personal Email			WSU ID #		
Home Mailing Address (Street/PO Box, City, State, Zip Code)						Personal Phone		
Department			Name of Supervisor					
<b>B PLEASE CHECK REASON(S) FOR YOUR LEAVE REQUEST (Additional documentation may be required to support request)</b>								
<input type="checkbox"/> Own health condition (not work related)			<input type="checkbox"/> Care for parent/spouse/domestic partner*					
<input type="checkbox"/> Work-related condition (contact HRS Pullman)			<input type="checkbox"/> Care for child with serious health condition. Child's age _____*					
						<input type="checkbox"/> Parent Leave/Care for newborn/Placed child (non-medical)		
*Name of individual I will provide care for: _____ Relationship to me: _____								
Does Your Spouse/Qualified Domestic Partner work at WSU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
<b>C LEAVE REQUEST TIME PERIOD</b>								
<input type="checkbox"/> I am requesting full-time leave from ____/____/____ through ____/____/____								
<input type="checkbox"/> I am requesting to reduce my work schedule from # ____ hours to # ____ hours per day/week beginning ____/____/____ through ____/____/____								
<input type="checkbox"/> I am requesting an intermittent work schedule from ____/____/____ through ____/____/____ or other schedule as described below (describe):								
<b>D LEAVE BALANCES REPORTED ON LAST TIME/LEAVE REPORT</b>								
Time/Leave Report Month (MM/YYYY)			Annual Leave Balance			Sick Leave Balance		
I wish to use leave as estimated below:								
Annual Leave			Sick Leave			Leave Without Pay*		
From Date	Through Date	Hours	From Date	Through Date	Hours	From Date	Through Date	Hours
Total Annual Leave Hours			Total Sick Leave Hours			Total LWOP hours		
I wish to use my Personal Holiday on: (date) ____/____/____								
*Please note leave usage allowances may differ based on medical leave program eligibility								
<b>E EMPLOYEE SIGNATURE</b>								
The Family Medical Leave Act (FML) and Disability Leave (DL) guidelines permit an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML/DL due to your own serious health condition or to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FML/DL protections.								
In requesting leave, I understand that if my request for leave is incomplete or insufficient, WSU may not approve the leave. I also understand and release appropriate HR professionals (e.g. official HRS personnel only-not my supervisor or department management) to contact my Health Care Provider to authenticate (confirm signature) or clarify information provided (understand handwriting or meaning of response). If I refuse to provide this release, I understand that WSU can deny my request for leave.								
Employee Signature							Date	

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons: for

- incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment or incapacity due to

pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**

In addition to the federal Family and Medical Leave Act of 1993, WSU provides leave in accordance with the State of Washington regulations, and WSU leave policies. This documentation is a summary of the aforementioned leaves and is not all inclusive. For more detailed information, please contact Human Resource Services at 509-335-4521. *Please note: if you are not eligible for FML, you may still be eligible for another type of leave under the State of Washington Leave regulations, or within WSU leave policies or practices. HRS will monitor your leave request and make this determination.*