

Employee Name (Last, First, MI)

E DURATION OF LEAVE

- I am requesting full-time leave from ____/____/____ through ____/____/____
- I am requesting to reduce my work schedule from # ____ hours to # ____ hours per day/week (circle one) beginning ____/____/____ through ____/____/____
- I am requesting an intermittent work schedule from ____/____/____ through ____/____/____ or other schedule as described below (describe):

F THIRD PARTY COORDINATION

If FML is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by Washington State University to verify that the information contained on this form is accurate.

Is leave requested for the purpose of meeting with a third party? Yes No

If No, please skip to Section G.

If Yes, please complete the below information.

Name of Individual		Title	
Organization			
Organization Street Address		City, State, Zip	
Telephone	Fax	Email (if applicable)	

Describe nature of meeting

G EMPLOYEE SIGNATURE

I certify that the information I provided above is true and correct.

Employee Signature	Date
--------------------	------