



Instructions:

Employees who wish to request leave for family, medical, or personal reasons, should complete this form and return to HR at least 30 days prior to the first date of requested leave, when such leave is reasonably foreseeable, otherwise leave must be requested as soon as possible. Return completed form by clicking "Submit" below, by email to TotalRewards@wichita.edu, by fax to 316-978-3274 or by campus mail to Box 015, Attn: Leave Administrator.

Upon receipt of the completed form, the Leave Administrator will determine which leave policies may apply to the request and will respond by the indicated preferred contact method within five (5) University business days with the next steps. Please note that medical certification may be required for some leave types.

Employee Details

Name: _____ myWSU ID: _____

Mailing Address: _____

Preferred Contact Method: _____

Mail

Email

Email: _____

Home/Cell Phone: _____ Alt. Phone: _____

Supervisor: _____ Department: _____

Leave Request Details

Reason for Leave Request:

Employee's own serious health condition

Work related: Yes No

Birth of child or placement of child for adoption/foster care

Caregiver Role: Primary Secondary

To care for a family member with a qualified serious health condition

Parent Spouse Child

To care for a covered servicemember

For qualifying exigency for servicemember

Military Leave: 30 days or less 30+ Days *For ALL military leaves, please provide a copy of your orders

Will you be on Active Duty? Yes No

Will you be Deploying? Yes No

Other (specify): _____

Type of Leave Request:

Continuous - leave taken in a single block of time

Intermittent - leave taken as needed over time

Change of Schedule - leave taken as a reduced schedule of regular hours

Leave Request Form

Revised 02/2022

Employee Name: _____ myWSU ID: _____

Estimated first day of leave: _____

Estimated end date: _____

Briefly explain leave request:

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Wichita State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in coaching and corrective action up to, and including, separation of employment. I understand requesting leave does not relieve me of the responsibility to follow all department policies and expectations such as notifying my leader of anticipated need for leave.

Employee Signature

Date

HR Use Only

FMLA	PPL	SL	PLOA	ADA	WC	MIL
Request received:						