



Leave Request Form

Revised 02/2025

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 ☐

Personal 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
- ☐ Other (specify): _____

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Employee Name: _____ myWSU ID: _____

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

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

PRINT

RESET

When complete and signed, submit your form to the HR Total Rewards team via one of the following:

- Email as a PDF file to TotalRewards@wichita.edu (preferred method)
- Fax securely to 316-978-3274, attn: Leave Administrator
- Send through campus mail, Box 015, attn: Leave Administrator