

**WALLA WALLA COMMUNITY COLLEGE
LEAVE OF ABSENCE REQUEST FORM**

Employees requesting a leave of absence or reduced schedule for medical reasons for themselves or for a qualifying family member, pregnancy disability leave, for parental leave for the purpose of bonding with a newborn, adopted child or foster care placement, may qualify for protected leaves. This form should be completed at least 30 days in advance of the anticipated absence when practicable or as soon as possible when the need for a leave of absence was unanticipated. To see if you qualify, please return this form to the Human Resource Office in person, by campus mail, or email your form to personnel@wwcc.edu. Employees will receive an eligibility letter outlining qualifying leave types and any required verification and/or supporting documentation needed to process the leave request. *This form can also be used for non-medical leave requests.*

Printed Name: _____ Warrior Link ID # _____
Date leave of absence to begin: _____ Date leave of absence to end: _____

- Absence will be
- Full time
 - Intermittent/Unscheduled (estimate number of days and duration)
_____ days per week/month (circle one)
Duration: _____ hours or _____ day(s) per episode
 - Both full and intermittent
Continuous leave from _____ to _____
Intermittent leave from _____ to _____
 - Reduced work schedule
List days/hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____
 - Other (please describe): _____

I am submitting this application for a leave of absence for the following reason:

- I suffer from a serious illness, injury, or physical or mental condition.
- I have a relative or household member suffering from a serious illness, injury, or physical or mental condition. Name and relationship of person to whom you are providing care:

- I have been called to service in the uniformed services.
- I am volunteering with a government agency or non-profit organization during a state of emergency in the United States declared by the federal or any state government to assist in responding to the emergency or its aftermath.
- I am a victim of domestic violence, sexual assault, or stalking as defined in RCW 41.04.655.
- I am or will be temporarily disabled due to pregnancy, miscarriage or childbirth.
- I am requesting parental leave to bond with my newborn, adoptive or foster child.
- Other (please describe): _____

Check all of the following that apply:

- I want to use my available paid leave (as applicable) (sick, vacation, personal leave)
- I want to take Leave Without Pay
- I intend to apply for Washington State Paid Family & Medical Leave (PFML)

By my signature below, I certify the information I provided is true, accurate and complete. I also understand that I must provide supporting documentation outlined in an eligibility letter in order for my leave request to be processed by Human Resources.

Signature of Employee

Date

Phone Number