



University of Washington

Academic Human Resources, Office of the Provost
85 Gerberding Hall, Box 351270, Seattle, WA 98195
206.543.5630 acadpers@u.washington.edu

APPLICATION for MEDICAL/SICK PAID LEAVE or FAMILY CARE PAID LEAVE or FMLA

SENIOR FELLOWS/SENIOR FELLOW TRAINEES: Senior Fellows (0445) and Senior Fellow Trainees (0442) must contact Academic Human Resources in order to determine leave eligibility.

MEDICAL/SICK PAID LEAVE: Faculty members are eligible for up to 90 calendar days of medical/sick leave with salary continuation as needed and documented in a statement from a health care provider (HCP). Faculty members who are on a 9-month service period are entitled to this coverage during contracted teaching periods (eligible in summer if contracted to teach). Faculty who are on a 12-month service period are eligible year round (7/1 – 6/30). Librarians, please check with Libraries Personnel.

FAMILY CARE PAID LEAVE: Faculty members are eligible to use available paid sick/medical leave as family care leave. Under the Family Care Leave law, an employee is entitled to use any or all of their choice of sick/medical leave or other time off to care for a spouse, parent, parent-in-law, or grandparent of the employee who has a serious health condition, or to care for a child of the employee who has a health condition that requires treatment or supervision, if the child is either under eighteen years of age or older but incapable of self-care because of a mental or physical disability.

FMLA – MAINTENANCE OF HEALTH BENEFITS: The Family and Medical Leave Act (FMLA) ensures that eligible employees receive up to 12 weeks of leave during any academic year for defined medical and family reasons. *Medical/Sick Paid Leave and Family Care Leave count against a faculty member's FMLA leave entitlement.* Under certain circumstances, faculty members may need to take unpaid FMLA leave, which will provide for the continuation of University paid benefits for a total of 12 weeks of FMLA leave in an academic year. Please contact Academic Human Resources for specific information about FMLA applications.

ADDITIONAL INFORMATION: For complete information about Medical/Sick Leave and Family Care Leave policies, call Academic Human Resources at 206.543.5630 and/or review the policy information on the Academic Human Resources website at:

http://www.washington.edu/admin/acadpers/faculty/medical_leave.html

HEALTH CARE PROVIDER STATEMENT: A health care provider statement is required, and should document the need for the leave, whether the leave is full or partial, and include specific begin and end dates of the leave period. Health care provider statements should be sent directly to Academic Human Resources where they are maintained confidentially. Applicants may, but are not required to, disclose health care information to chairs, deans and other administrators. Administrators should not maintain copies of health care documentation. A health care provider statement will be required in order to return to work.

INSTRUCTIONS: Complete the form on the next page using the numbered instructions below. Print two copies of the completed form. Keep one copy for your records and give the other copy to your Department Chair or Program Director. A statement from your health care provider is required; it may accompany this form or be mailed directly to Academic Human Resources using the address at the top of this page.

NOTE: You will be able to print, but not save the content of your completed form if you are using the freely available Adobe Reader. To save the content of your form (not required), you must use Adobe Acrobat available from <http://www.adobe.com/>.

To be completed by the Faculty Member:

- 1-3 Enter your full name as it appears in university records.
- 4 Enter your Employee Identification Number (EID); not SSN. If you do not know your EID, you can find it by logging into Employee Self-Service with your UWNNetID at <https://www.washington.edu/admin/payroll/ess/ess.cgi>.
- 5 Enter your Campus Box number for your home department: 35xxxx.
- 6 Enter your UW E-Mail address.
- 7 Enter your Home Address (please use your complete address).
- 8-9 Enter your 4-digit Job Class Code and Job Title;
see http://www.washington.edu/admin/acadpers/jcc_rank.html for a list of Job Descriptions.
- 10-11 Enter your Department/Program and College/School/Campus name; if your College/School is undepartmentalized, leave the Department/Program field blank.
- 12 Enter information about your most recent previous period of medical/sick leave or family care leave, including the start and ends dates of the leave. If you have not taken medical/sick leave or family care leave, leave this field blank.
- 13 Check the type of leave you are taking: Medical/Sick Leave or Family Care Leave or FMLA.
- 14 Enter the *actual* period of your leave.
- 15 Print your name and date, and sign the form.

To be completed by the Department Chair or Program Director:

- 16 Print your name and date, and sign for leave approval.

To be completed by the Dean or Chancellor:

- 17 Print your name and date, and sign for leave approval.

To be completed by Academic Human Resources:

- 18 Print your name and date, and sign for leave approval.

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TO BE COMPLETED BY THE APPLICANT:

(1) Last Name (2) First Name (3) Middle Initial

(4) Employee ID (not SSN) (5) Campus Box # (6) UW E-Mail

(7) Home Address (please use your complete address)

(8) Job Class Code (optional) (9) Job Title

(10) Department/Program (if applicable) (11) College/School/Campus

(12) List the most recent period of sick leave (if applicable):

(13) Type of Leave: Medical/Sick Leave Family Care Leave FMLA (14) Period of leave: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

- Medical/Sick Paid Leave and Family Care Leave count against a faculty member's FMLA leave entitlement.
- Send Health Care Provider Statements to:
Academic Human Resources, Office of the Provost
85 Gerberding Hall, Box 351270, Seattle, WA 98195
206.543.5630 acadpers@u.washington.edu

(15) Date Faculty Member (print) Signature

ACKNOWLEDGEMENTS:

(16) Date Department Chair/Program Director (print) Signature

(17) Date Dean/Chancellor (print) Signature

(18) Date Academic Human Resources (print) Signature