



UNIVERSITY OF WASHINGTON
REQUEST FOR LEAVE
 FACILITIES SERVICES AND CAPITAL PROJECTS

Use this form to request personal leaves and to report routine absences due to illness.

If you have a serious health condition that may require periodic, repeated or extended absence, or to request parental leave, or leave to care for a family member with a serious health condition, complete the form titled "Request for Leave or Reduced Work Schedule (FMLA) - Personal Medical/Family Medical/Disability/Parental" (UoW 2034)

Employee Name		Personal ID Number/UW ID Number				Shop/Unit Number				
LEAVE TYPE	FROM				TO				TOTAL HOURS	
	Mo.	Dy.	Yr.	Time	Mo.	Dy.	Yr.	Time		
<input type="checkbox"/> Annual (Vacation) Leave										
<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Illness <input type="checkbox"/> Personal Medical/Dental Appt. <input type="checkbox"/> Family Medical/Dental Appt. <input type="checkbox"/> Child Care Emergency <input type="checkbox"/> Condolence/Bereavement										
<input type="checkbox"/> Compensatory Time										
<input type="checkbox"/> Leave without Pay										
<input type="checkbox"/> Other Leave** <input type="checkbox"/> Bereavement. <input type="checkbox"/> Civil <input type="checkbox"/> Military **Approval letter required.										
<input type="checkbox"/> Personal Holiday		Date: _____								
Is your leave request due to on-the-job injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have questions about workers compensation, please contact the Risk Management Office at 543-0183, Box 351276, email:workcomp@u.washington.edu.										
Employee Signature					Date		Supervisor Approval Signature			Date
_____					_____		_____			_____

NOTE FOR DEPARTMENT USE: A copy of all requests for leave of absence without pay of 10 days or more must be forwarded to the area personnel office for approval (Staff Personnel, Box 354561).

DIRECTIONS FOR COMPLETION OF REPORT OF REQUEST FOR LEAVE: To be completed by employee on either first day back from unanticipated leave or on request for planned leave. To be completed for employee by supervisor only for unanticipated leave or only at end of the month if the employee is absent. Must be signed by employee on first day back and signed copy forwarded to Business Office. Must be signed by both employee and supervisor, and must be forwarded to Business Office no later than the second of each month.

ANNUAL (VACATION) LEAVE: Unused annual leave can be carried from one year to the next, provided the balance does not exceed 240 hours. An employee may choose to exceed this maximum, but if the hours in excess of 240 are not used by the employee's most recent anniversary date of hire into state service, the excess hours will be forfeited. An employee may retain an excess of 240 hours beyond his or her anniversary date only if the employee's request to use leave prior to exceeding 240 hours has been denied due to operational needs, and the employee's supervisor has requested and received approval from the Human Resources Representative to extend the leave.

COMPENSATORY TIME TAKEN: Compensatory time may be taken at the employee's request in lieu of monetary payment with the approval of the employee's supervisor.

CIVIL LEAVE: Civil leave may be taken to serve on jury duty, as trial witness or to exercise other subpoenaed civil duties.

MILITARY TRAINING LEAVE: Military training leave may be taken for up to 15 working days in one calendar year for active duty in the National Guard or Army, Air Force, Marine or Naval Reserve forces of the United States for annual field training or discharge of reserve obligations.

LEAVE OF ABSENCE WITHOUT PAY: Leave of absence without pay may be requested for personal illness or other reasons. Requests must state purpose and duration of anticipated absence. Requests for less than 10 days may be approved by the employee's division manager. Requests for 10 days or more must be signed by the employee's supervisor and division manager and forwarded to the UW Staff Personnel Office for approval.

SICK LEAVE: Sick leave is provided for personal illness or injury, personal medical and dental appointments; for illness, or injury, personal medical and dental appointments of family members who require an employee's presence; and may be granted for condolence or bereavement. A "family member" is defined as a child, stepchild or child in custody residing at the employee's home, a spouse, a parent, sibling, parent-in-law, grandparent or grandchild.

BEREAVEMENT LEAVE FOR FAMILY OR HOUSEHOLD MEMBER: Bereavement leave of up to 3 days may be requested by an employee for bereavement of a family or household member. "Family members" are described above; "household members" are defined as persons who reside in the same home who have reciprocal duties to and provide financial support for one another. An employee's supervisor may approve a request for 1 day of bereavement leave; request for 2 or 3 days of bereavement leave must be approved by the Human Resources Administration.

FAMILY MEDICAL LEAVE ACT: Under the Family Medical Leave Act (FMLA), eligible employees are entitled to up to 12 weeks of leave per calendar year for the purpose of: serious health condition, parental leave, to care for a parent or spouse or child with a serious health condition.

SERIOUS HEALTH CONDITION: Defined as an illness, injury impairment, or physical or mental condition that involves one of the following categories:

Inpatient care (in a hospital, hospice or residential medical care facility or subsequent treatment in connection with inpatient care).

Incapacity for more than 3 consecutive days involving treatment 2 or more times by a health care provider, by a provider of health care services under orders of, direction of or referral by a health care provider, and any subsequent incapacity or treatment related to the same condition.

Incapacity for more than 3 consecutive days involving treatment at least once by a health care provider which results in a regimen of continuing treatment under supervision of a health care provider.

Pregnancy (any period of incapacity due to pregnancy or prenatal care).

A chronic condition requiring periodic visits for treatment at least once by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider, which continues over an extended period of time and which may cause episodic rather than a continuing period of incapability (e.g., asthma, diabetes, epilepsy).

A permanent or long-term period of incapacity due to a condition for which treatment may be effective but for which the patient is under the continuing supervision of a health care provider and may not be receiving active treatment (e.g., Alzheimer's, severe stroke, terminal stages of a disease).

A period of absence to receive multiple treatments (or recovery therefrom) by a health care provider or by a provider of health care services on referral by a health care provider either for restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity of more than 3 days in the absence of medical intervention or treatment (e.g., chemotherapy, radiation, dialysis).