

Edmonds College

Extended Leave Request Form (> 5 days) for any of the following:

Family Medical Leave, Family Care Leave, Disability Leave, Parental Leave, Service Member/Veteran Caregiver Leave, Exigency Leave, Military Spouse Leave, Military Leave, Domestic Violence Leave, and State of Emergency Leave

Employee : Please complete (consult HR for assistance)			
Employee:		Employee ID:	
Department:		Campus Ext.:	
Supervisor's Name:	Supervisor's Ext:	Employee Type:	Classified Exempt FT/PT Faculty
Home Mailing Address:		City	State Zip
Home Phone Number:	Personal Email Address:	Work Email Address:	

Please check reason(s) for leave of absence: Additional Certification Documentation will be required to support leave request.

<input type="checkbox"/> Own health condition (not work related) <input type="checkbox"/> Work-related condition (contact Benefit Services) <input type="checkbox"/> Pregnancy disability (prior to birth of child) <input type="checkbox"/> Applying for Shared Leave (See Shared Leave application) <input type="checkbox"/> Care for newborn/placed child <input type="checkbox"/> Care for parent/spouse/child w/serious health condition <input type="checkbox"/> Parental Leave	<input type="checkbox"/> Leave for Domestic Violence, Sexual Assault or Stalking <input type="checkbox"/> Military Leave <input type="checkbox"/> Service Member/Veteran Caregiver Leave <input type="checkbox"/> Exigency Leave due to family members call to duty <input type="checkbox"/> Military Spouse Leave <input type="checkbox"/> State of Emergency Leave <input type="checkbox"/> Other
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Request Start Date:	Anticipated Return to Work Date:
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Intermittent or reduced work schedule (describe):

- I have read HR 5.04 pr - Procedure for Reporting of Leave, Overtime, and Compensatory Time: General Requirements for Eligible Employees (accessible at <https://www.employees.edmonds.edu/hr/> under the drop-down menu titled, "Special Information and Links," click the link to, "College Policies and Procedures") and understand which procedure details are applicable to my situation.
- I understand FMLA permits an employer to require that I submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to my own serious health condition or to care for a covered family member with a serious health condition. I understand failure to provide a complete and sufficient medical certification may result in denial of my FMLA request.
- In requesting leave, I understand that if my request for leave is incomplete or insufficient, HR will give me 7 days to provide the requested information. I also understand and release appropriate HR professionals (i.e. official HR personnel only – not my supervisor or department management) to contact my HCP to authenticate (confirm signature) or clarify the information provided (understand handwriting or meaning of response). If I refuse to provide this release, I understand that EdC can deny my request for leave.

Employee's Signature _____ **Date** _____

For HR use only:			
Has employee worked for the state for at least 1250 hours w/in the last 12 months & been employed at last 12 months?	Yes	No	Date medical certification received _____
Is the reason for this request an FMLA-qualifying event?	Yes	No	Date notification sent _____
Is this leave designated as covered by FMLA?	Yes	No	Cc to employee & supervisor _____