

# University of Puget Sound

## Leave of Absence Request Form

Staff Member Name: \_\_\_\_\_

Department \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Best way to contact you while on leave: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of Leave of Absence: ☐ New Request ☐ Extension Request  
☐ Continuous ☐ Intermittent

Anticipated Dates of Leave (MM/DD/YYYY): From \_\_\_\_\_ To \_\_\_\_\_

Please indicate which type of leave of absence you are requesting. Please check all that apply.

- ☐ Family Medical Leave (FMLA) ☐ Personal Leave  
☐ Washington Paid Family & Medical Leave (WAPFML) ☐ Military Leave  
☐ Other (Please explain): \_\_\_\_\_

How would you like to be paid during your leave of absence?

- ☐ University Sick Leave  
☐ University Vacation Leave  
☐ WAPFML (Unpaid from Puget Sound)  
☐ Combination of University Sick/Vacation and WAPFML

How many weeks to use sick/vacation (Please provide calendar weeks): \_\_\_\_\_

How many weeks to use WAPFML (Please provide calendar weeks): \_\_\_\_\_

\* University sick leave may not be used concurrently with WAPFML.

\* Puget Sound does not supplement WAPFML.

\* Please contact benefits at [benefits@pugetsound.edu](mailto:benefits@pugetsound.edu) to discuss details.

I certify that the information contained on this form and any supporting documentation is true and accurate to the best of my knowledge and is in accordance with the *Staff Policies and Procedures Manual*. I understand that it is my responsibility to pay for the employee portion of my current benefits if I exhaust my leave benefits. This can be paid by personal check, cashier's check or ACH.

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### HR Section:

- Reviewed by: \_\_\_\_\_
- Total Weeks of Leave: \_\_\_\_\_
- Dates of University Sick Leave: \_\_\_\_\_
- Dates of University Vac. Time: \_\_\_\_\_
- Dates Employee Is Unpaid & Eligible to Claim WAPFML: \_\_\_\_\_
- Date: \_\_\_\_\_