WICHITA STATE UNIVERSITY

Family or Medical Leave Request Form
(For self, family member or service member)
Wichita State University * Human Resources *
Wichita, KS 67260-0015
Phone: (316) 978-3065 * Fax: (316) 978-3201
(Rev. 8/2018)

Name: _____ *myWSU* ID# _____

Home Address: _____
(City) (State) (Zip Code)

Home Telephone: _____ Work Telephone: _____

Department Name: _____ Campus Box Number: _____

Supervisor's Name: _____

*****Is this a work-related injury/illness?*** ☐ **Yes** ☐ **No**

Request is for: ☐ **Self** ☐ **Care for Family Member**

Relationship of family member: _____

☐ **To Care for a Covered Service Member**

☐ **For Qualifying Exigency for Military Family Leave**

Dates of Leave: **Beginning:** _____ **End:** _____

Briefly Explain Health Condition Requiring Leave (Self, Family Member or Service Member):

_____

_____

_____

Type of Leave Requested: Full-Time ☐ Part-Time ☐ Intermittent ☐

BENEFIT PREMIUM PAYMENT WHILE ON LEAVE:
As long as you remain in pay status while on leave, your benefit premiums will continue to be deducted from each paycheck. However, if you go into an unpaid status during your leave, please be aware that any benefit premiums normally deducted from your paycheck will be collected in arrears until you return to pay status. Once you are back in pay status, the collected premiums will automatically be deducted from your first paycheck(s) unless you make other arrangements in advance with the Payroll Department.

Please contact payroll@wichita.edu to discuss your other options.

I certify that the information contained on this form is correct to the best of my knowledge. I authorize Human Resources to obtain and verify any necessary information regarding my request for leave. I understand that providing incomplete or false information may result in disqualification of my leave request and/or disciplinary actions up to, and including, termination of employment.

_____ _____
Employee Signature Date

Return to Human Resources via Email: TotalRewards@wichita.edu; Fax: 316-978-3201; or Mail: Leave Administrator, Campus Box 15