



Seattle Pacific University
Leave of Absence Request Form

Instructions for Completion: Complete Part I and sign and return to the Office of Human Resources. The approval and notification process will be facilitated by the Office of Human Resources. Requests for leaves of absence should be made at least 30 days in advance whenever possible. Staff and Faculty members should read the paid and unpaid leaves of absence policies in the Employee Benefits Book prior to completing the Leave of Absence Request Form.

Part I (To be completed by Faculty or Staff Employee)

Employee Name: \_\_\_\_\_ Campus Ext.: \_\_\_\_\_
Position: \_\_\_\_\_ Department: \_\_\_\_\_

Type of Leave (check all applicable):

- Medical Leave for Employee\* (Includes Maternity Leave)
FMLA Leave for Employee\* (Concurrent with Medical Leave )
FMLA Leave for Spouse, Dependent Child or Parent\*
Military Leave
Personal Leave
Pre-approved Sabbatical

Start of leave (first day absent from work): \_\_\_\_\_
End of leave (last day absent from work): \_\_\_\_\_
Total number of working days absent: \_\_\_\_\_

\* Note: If this is an intermittent leave or reduced work schedule, please attach a brief description of the schedule of days/hours which will be considered leave time.

For Staff Members Only:

Accrued sick leave: \_\_\_\_\_ Accrued vacation leave: \_\_\_\_\_

\* Note: Accrued sick leave must be used for an employee's medical leave. Accrued sick leave may be used for FMLA leave taken for a child, spouse or parent with a serious health condition. Accrued vacation leave must be used for FMLA leave where that leave is otherwise unpaid or where an employee is no longer certified by a physician as medically unable to return to work (Ex.: To care for a newborn or newly adopted child beyond maternity recovery time). The University reserves the right to request physician certification when granting FMLA leave other than FMLA leave to care for a child after birth or adoption.

Benefits:

If Medical leave and/or FMLA leave is requested to care for child after birth or adoption, do you plan to add the child to your SPU medical insurance? \_\_\_\_\_

Benefits for employees on FMLA leave will be continued for the duration of the FMLA leave whether or not the employee is receiving University pay. If the employee is on unpaid leave and is normally responsible for a portion of the cost of medical, dental or life insurance or a flexible spending account, it is the employee's responsibility to make arrangements to pay those costs. [Ex.: An employee has dependents on medical and/or dental insurance.]

Employees on Personal Leave of Absence who wish to continue benefits are responsible for payment the entire cost of the benefits and must make arrangements to pay through payroll deduction or personal check.

Military Leave: Verification from appropriate military authority must accompany this form.

Please sign and return this form to the Office of Human Resources with any accompanying documentation (physician certification where requested or military authority). Please note that a leave is not approved until all approval/notification signatures have been obtained. You will be notified when the process is complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part II: Approval/Notification Process** (To be facilitated by the Office of Human Resources)

The requested leave is allowed within SPU policy:  Yes  No

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Associate Director of Human Resources

Date

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**For all types of leave**, a separate memorandum documenting the arrangements which have been made for the continuation of the employee's responsibilities must accompany this form.

**Departmental Approval:**

Yes  No

Department Head/Dean:

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

**Area Vice President Approval:**

Yes  No

Area Vice President:

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

**The request is approved or denied under the following conditions:**

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cc: Employee  
Department Head/Dean  
Payroll  
Accounting  
Provost

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**Part III: Paid/Unpaid Leave Status** (To be completed by the Office of Human Resources)

Accrued sick leave: \_\_\_\_\_ Accrued vacation leave: \_\_\_\_\_

Confirmed by Payroll as of \_\_\_\_\_

Paid short term disability at \_\_\_\_\_ % of salary from \_\_\_\_\_ to \_\_\_\_\_.

Paid maternity leave at \_\_\_\_\_ % of salary from \_\_\_\_\_ for 6 weeks.

**Staff Only:**

*Sick Leave:*

Use accrued sick leave to boost short term disability?  Yes  No

Total number of accrued sick days to be used: \_\_\_\_\_

Use accrued sick leave to boost maternity leave?  Yes  No

Total number of accrued sick days to be used: \_\_\_\_\_

*Vacation Leave:*

Use accrued vacation leave to boost short term disability?  Yes  No

Total number of accrued vacation days to be used: \_\_\_\_\_

Use accrued vacation leave to boost maternity leave?  Yes  No

Total number of accrued vacation days to be used: \_\_\_\_\_

**Special Notes:**

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**Salary Detail Information for Department Head\*:**

\_\_\_\_\_ Salary amount equal to length of leave  
\_\_\_\_\_ Minus short term disability salary replacement  
\_\_\_\_\_ Minus maternity leave salary replacement  
\_\_\_\_\_ Minus accrued sick days used  
\_\_\_\_\_ Minus accrued vacation days used

\_\_\_\_\_ Total salary not replaced by paid leave which may be used for other purposes (i.e., temps, overtime, etc.)

\* NOTE: This information is an estimate and is compiled based on (1) leave which will be accrued by the time the employee begins the leave of absence and (2) actual working days in each month of absence and average pay for each day that month. Vacation and sick days available may change between the date this form is completed and the date the employee begins leave, due to unanticipated usage.

**Part IV: Benefits Arrangement Detail** (To be completed by the Office of Human Resources)

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**A. Medical**

**Type of Coverage:** \_\_\_\_\_

Due On	From Employee	From SPU
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. Dental**

**Type of Coverage:** \_\_\_\_\_

Due On	From Employee	From SPU
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Life Insurance**

**Type of Coverage:** \_\_\_\_\_

Due On	From Employee	From SPU
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. TOTAL**

Due On	From Employee	By Payroll Deduction	By Personal Payment	From SPU
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Make checks payable to Seattle Pacific University and send directly to the Office of Human Resources, 3307 Third Avenue West, Seattle WA 98119.*

**Other Comments:**

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