## WCU Faculty Serious Illness and Disability Leave Request Form

Employee:		92#:	
		Date:	
cons	eligible faculty member may request leave secutive semesters, exclusive of academic son for request:	e with full pay and benefits for up to 1 semester, or 12 weeks over 2 breaks, for any of the following.	
	The birth of a child or placement of a c	child for adoption or foster care;	
	·	ken within 1 year of the child's birth or placement);	
	To care for the employee's spouse, chi	ld, or parent who has a qualifying serious health condition;	
	For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;		
	For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.		
	An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.		
Requested start date: Anticipated end		Anticipated end date:	
requ		e review clock:  Yes,  No,  N/A  explain in detail the responsibilities that will be fulfilled and will not:	
This		Resources certification of eligibility for FMLA.	
Employee Signature:		Date:	
Dept Head/ Supervisor Signature:		Date:	
Dea	n Signature:	Date:	
For I	Provost office:		
Exte	nsion of the $\square$ Tenure/ $\square$ Post-tenure re	eview clock is approved $\square$ Yes, $\square$ No, $\square$ N/A	
		Revised year to apply for Tenure/PTR:	

<sup>\*</sup>No professional activity is expected or required while receiving paid leave. The faculty member may choose to continue some professional duties during the semester of leave, but their supervisor cannot and should not require it.