



UNIVERSITY OF WASHINGTON  
**REQUEST FOR LEAVE OF ABSENCE  
 OR MODIFIED WORKSCHEDULE**  
 College of Engineering

Employee Name	Employee's Job Title
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Department

Duration of Requested Leave: from: _____  to: _____	<b>Reason for Request: *(see back of this form for definition of serious health condition)</b> <input type="checkbox"/> Serious Health Condition* <input type="checkbox"/> Other Illness (not a serious health condition) <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this a work related injury/illness?  <input type="checkbox"/> Parental Leave (expected date of birth/placement: _____ Dy.    Mo.    Yr.    ) <input type="checkbox"/> To care for a family member with a serious health condition*, please describe family relationship (e.g. father, daughter, etc.) _____
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You may be asked to provide a statement from your health care provider supporting this request. If such a statement is requested your supervisor will give you the appropriate form to have the health care provider complete. If medical certification is requested, approval of the requested leave is contingent on receipt of the medical certification.

Requests for leave of absence for parental leave must be accompanied by a statement from the health care provider confirming the date of birth, or for an adoptive or foster child, from the appropriate agency confirming the date of placement.

Required medical information should be sent to the appropriate area personnel office (see addresses below). All medical information will be kept confidential and maintained separate from your personnel file.

Please indicate the types of leave you wish to use and the dates you wish such leave to apply:

<input type="checkbox"/> Sick Leave (specify dates/times)	<input type="checkbox"/> Vacation Leave (specify date/times)	<input type="checkbox"/> Compensatory Time (specify dates/times)	<input type="checkbox"/> Leave Without Pay (specify dates/times)
Total Hours: _____	Total Hours: _____	Total Hours: _____	Total Hours: _____

**REQUEST FOR MODIFIED WORK SCHEDULE**

I request that my work schedule be <input type="checkbox"/> Modified <input type="checkbox"/> Reduced	Please specify the change that you are requesting:
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Employee Signature: _____	Date: _____
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**If your leave request is due to on-the-job injury or illness and you have questions about workers compensation, please contact the Risk Management Office at 543-0183, Box 351276, email, workcomp@u.washington.edu.**

**APPROVAL SIGNATURES**

Supervisor	Date: _____
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**NOTE: An employee's request for parental leave or leave due to a serious health condition or family member's health condition may not be denied without prior consultation with your unit's area personnel office.**

Department Manager/Head of Unit: (if required by departmental procedures)	Date: _____
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**NOTE FOR DEPARTMENT USE: A copy of all requests for leave of absence without pay of 10 days or more must be forwarded to the area personnel office for approval. (Staff Personnel, Box 354561; Health Sciences Personnel, Box 357250; Medical Centers Personnel - UWMC, Box 356054; Medical Centers Personnel - HMC, Box 359715.**

## Serious Health Condition

A "serious health condition" is defined as illness, injury, impairment, or physical or mental condition that involves one of the categories described below:

- **Inpatient Care** — in a hospital, hospice or residential medical care facility, or subsequent treatment in connection with inpatient care.
- **Incapacity for more than 3 consecutive days**, involving **treatment 2 or more times** by a health care provider, by a provider of health care services (e.g., nurse, physicians assistant, physical therapist) under orders of, direction of, or referral by a health care provider, and any subsequent incapacity or treatment related to the same condition.
- **Incapacity for more than 3 consecutive days**, involving **treatment at least once** by a health care provider which results in a **regimen of continuing treatment** under supervision of a health care provider.
- **Pregnancy**: any period of incapacity due to pregnancy or prenatal care.
- A **chronic condition requiring periodic visits for treatment** by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider, **which continues over an extended period of time**, and which may cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- A **permanent or long-term period of incapacity** due to a condition for which treatment may not be effective, but **for which the patient is under the continuing supervision of a health care provider**. The patient may not be receiving active treatment for the condition (e.g., Alzheimer's, severe stroke, terminal stages of a disease.).
- A period of absence to receive **multiple treatments** (or recovery therefrom) by a health care provider, or by a provider of health care services on referral by a health care provider, either for **restorative surgery** after an accident or injury, or for a condition that **would likely result** in a period of **incapacity of more than 3 consecutive calendar days in the absence of medical intervention** or treatment (e.g., chemotherapy, radiation, dialysis.).

## Reasonable Accommodation

The University of Washington is committed to establishing and maintaining a work environment consistent with its policy of equal opportunity in employment. The University provides reasonable accommodation to qualified employees with disabilities as defined under state and federal law. The University will make such an accommodation to the known physical, mental, or sensory limitations of an otherwise qualified individual with a disability. This obligation applies to all aspects of employment. Each accommodation is evaluated individually, taking into consideration the employee's restrictions due to disability, the essential duties of the position, the work environment, and the reasonableness of the proposed accommodation(s).

Reasonable accommodation is any modification or adjustment to a job, work environment, policies, practices, or procedures that enables a qualified individual with a disability to enjoy equal employment opportunity and/or perform the essential work of the position. Accommodation options may include, but are not limited to: making a temporary or permanent change in an employee's assigned job duties and/or work schedule; obtaining or modifying equipment or devices; making facilities accessible to and usable by an employee with a disability; approving a disability leave of absence; and/or assisting the employee in identifying other job opportunities through the University's employment process. In considering requests for accommodation, the University will consult with the employee, and may consult with other sources as appropriate, to identify and assess the effectiveness of potential accommodations. If there are two or more effective accommodation options, the University will select the accommodation to be provided, after considering the employee's preferred accommodation.

Additional information concerning equal opportunity and affirmative action policies and procedures, including grievance procedures, is located in *Operations Manual*, D 46.1, D 46.2, D 46.3, D46.4, and the *University Handbook*, Vol. IV, Part V, Chapter 1. Questions regarding disability accommodation should be directed to your Area Personnel Office.