

WCU Faculty Serious Illness and Disability Leave Request Form

Employee: _____ 92#: _____

Department: _____ Date: _____

An eligible faculty member may request leave with full pay and benefits for 1 semester, or 12 weeks over 2 consecutive semesters, exclusive of academic breaks, for any of the following.

Reason for request:

The birth of a child to the employee's job;

Spouse military exigencies related to the foreign deployment of a military member who is the employee's

An eligible employee who is a covered servicemember's spouse, 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 date: _____

* I request time on leave to be counted as probationary service: Yes, No, N/A

I accept an automatic 1-year extension of the tenure clock: Yes, No, N/A

I request a 1-year extension of the post-tenure review clock: Yes, No, N/A

If for intermittent leave or reduced workload, explain in detail the responsibilities that will be fulfilled and will not:

This request is pending the Office of HR or Provost office:

Extension of the Tenure/ Post-tenure review clock is approved Yes, No, N/A

Original Tenure/PTR application year _____ Revised year to apply for Tenure/PTR: _____
(Default for tenure clock is a 1-year extension with a lifetime maximum of two 1-year extensions)

* No professional activity is expected or required while receiving paid leave.