



Consent to Release Leave of Absence Information (Optional)

Human Resources • Benefits Office
1310 Seibert Administration Building
Western Michigan University
1903 West Michigan Avenue
Kalamazoo, MI 49008-5217
Phone (269) 387-3630 Fax (269) 387-3653

Instructions:

1. Print or type your name, Social Security Number and Employee ID Number, if known.
2. If you consent to release of Leave of Absence information, please check appropriate boxes to indicate whom you approve to receive such information.
3. If you are indicating consent to release Leave of Absence information to your personal spokesperson(s) or other organization or person(s), please type or print names of such organization or person(s) where indicated.
4. Please sign and date at the bottom.
5. Return completed, signed, and dated form to the Benefits Office.

Employee Name	Social Security No.	Employee ID No.
I hereby authorize a WMU Benefits Specialist to release Leave of Absence information to the following indicated parties (check all that apply):		
<input type="checkbox"/> HelpNet EAP		
<input type="checkbox"/> WMU Workers Compensation–Early Return to Work Program		
<input type="checkbox"/> Union Representative(s): <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> AAUP <input type="checkbox"/> AFSCME Local 1668 <input type="checkbox"/> MSEA <input type="checkbox"/> POA </div>		
<input type="checkbox"/> Employee's Personal Spokesperson(s):	Please print or type name of spokesperson :	
	Please print or type name of spokesperson :	
<input type="checkbox"/> Other:		
<input type="checkbox"/> Only share information pursuant to policy and procedure		
<ol style="list-style-type: none"> 1. I understand that specific medical information will not be shared with anyone. 2. I understand that I may revoke this consent at any time. To do so, I must provide the WMU Human Resources Office with a written statement that I revoke this Consent to Release Leave of Absence Information; the revocation will be effective when received by Human Resources. 		

Employee Signature

Date Signed