



Consent to Release Leave of Absence Information (Optional)

Human Resources
1300 Seibert Administration Building
Western Michigan University
1903 West Michigan Avenue
Kalamazoo, MI 49008-5217
Phone (269) 387-3620 Fax (269) 387-3441

Instructions:

1. Complete your name, employee ID number (if known), and department.
2. Provide the name(s) and telephone number(s) of your personal spokesperson(s).
3. Return completed, signed, and dated form to Human Resources.

Employee Name	Employee ID	Employee Department
<input type="checkbox"/> I hereby authorize Human Resources to release leave of absence information to my personal spokesperson(s) I have listed below:		
Name of spokesperson:		
Phone number of spokesperson:		
Name of spokesperson:		
Phone number of spokesperson:		
Name of spokesperson:		
Phone number of spokesperson:		
<ol style="list-style-type: none"> 1. I understand that medical information will not be shared with anyone. HR will only share information pursuant to policy and procedure. 2. I understand that I may revoke this consent at any time. To do so, I must provide Human Resources 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