



Name _____
 Location _____

Expected Absence Dates
 From: _____
 To: _____

Leave without Pay - Attach a request outlining reason

Extended Leave - Per applicable collective bargaining agreement

Family Medical Leave – Check reason for leave below:

- Birth / Adoption / Pre-Adoptive Foster Care (Must provide Medical Certification form).
- Serious Health Condition of Employee (Must provide Medical Certification form).
- Serious Health Condition of Immediate Family Member (Must provide Medical Certification form).
 Name of Family Member: _____ Relationship to You: _____
- For a Qualifying Exigency due to the military active duty status or call to active duty status of a spouse, son, daughter or parent (Must provide Certification of Qualifying Exigency form).
- To Care for Family Member or Military Servicemember with Serious Health Condition (Must provide Certification for Serious Injury/Illness of Covered Servicemember form).

Briefly Explain Reason for Leave: (If you need to work an intermittent or reduced schedule basis, please attach a proposed schedule for consideration.)

Substitution of Paid Leave: Please indicate if you would like to use available paid leave during your absence and how many days you plan to substitute (to the extent provided by law).

Sick Leave (_____ Days) Vacation (_____ Days)
 Personal Leave (_____ Days) Unpaid (_____ Days)

Under Wisconsin WFML the employee may choose to substitute paid leave or take the absence unpaid. Each calendar year, Wisconsin law provides 1) up to six weeks to care for the employee’s child after birth or placement for adoption; 2) up to two weeks to care for the employee’s child, spouse, domestic partner, or parent, who has a serious health condition; 3) up to two weeks for a serious health condition that makes the employee unable to perform the responsibilities of the position. Federal FMLA allows up to 12 weeks of leave during each calendar year. When the leave falls under federal only, the District may require the employee to substitute any accrued paid leave.

I certify that the information above is true and correct to the best of my knowledge.

Employee Signature: _____ **Date:** _____

Supervisor Acknowledgement: ____ I have received and reviewed this Leave of Absence Request Form.

Supervisor Signature: _____ **Date:** _____