

Family and Medical Leave Request

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Employee Name

Reason and Amount of Leave Requested

Birth, adoption or as a pre-condition to adoption of employee's child for:

Number of Weeks

Number of Days

Number of Hours

Serious illnesses of employee's child, spouse, parent domestic partner, as defined in § 40.02(1) or 770.01(1) or a parent of a domestic partner:

Number of Weeks

Number of Days

Number of Hours

For my own serious illness:

Number of Weeks

Number of Days

Number of Hours

Date leave will begin

Date employee will return

Notes:

1. If you are unable to return on the date noted, you must notify the employer prior to that date.
2. If your leave schedule is not yet known or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed.
3. If you are requesting intermittent leave, please attach a schedule. (Leave may be taken in the smallest increment allowed by the employer for any other type of leave.)

Employee Signature

Date Signed

(This suggested form may be reproduced by employers)

TYPE OF LEAVE

Employees may request or the City may require the substitution of accrued leave. (Specify the type and amount of current accruals):

Sick leave: _____ Vacation: _____ Other: _____

AMOUNT OF LEAVE

I request that leave from work be granted for the following period of time:

Beginning on (date): _____ Ending on (date): _____

I further request that the leave from work be granted for the following reduced or intermittent leave schedule:

I would like to substitute the following accrued paid leave time during my family or medical leave:

Type: _____ Amount: _____

Additional Information:

FOR EMPLOYER USE ONLY

Department Head: If you are requiring the employee substitute accrued leave, specify date and type:

Supervisor's Signature: _____ Date: _____