

FAMILY AND MEDICAL LEAVE REQUEST FORM - FEDERAL FMLA AND WISCONSIN FMLA (WFMLA)

- Attach additional sheets as needed.
- Direct any questions about this form to the Port Washington-Saukville School District Human Resources Coordinator.
- The Port Washington-Saukville School District’s family and medical leave Board Policies 3430.01/4430.01 and corresponding Administrative Guidelines 3430.01/4430.01 are available on the District website.

SECTION 1: (Please complete this section and continue to the next section.)											
Employee’s Name (Please print here and sign in Section 2.)	Employee’s school district email address:										
Employee’s Position/Job Title:	Building/Primary Work Site:										
Name of Direct Supervisor:	Non-District Telephone Number (home or cell phone):										
<p>Type of Leave Request (check all that apply):</p> <p><input type="checkbox"/> The birth/adoption/pre-adoptive placement or foster care placement of a child. The actual/expected date of the birth or placement is: _____.</p> <p><input type="checkbox"/> The employee’s own serious health condition*. If an existing condition, identify the approximate date the condition began: _____.</p> <p><input type="checkbox"/> To care for a domestic partner** or the parent of a domestic partner** with a serious health condition* _____</p> <p><input type="checkbox"/> To care for a qualifying family member with a serious health condition*</p> <p><input type="checkbox"/> For a qualifying exigency arising out of the covered active duty (or call to such active duty) of a qualifying family member who is a member of the military*</p> <p><input type="checkbox"/> To care for a qualifying family member who is a covered servicemember with a serious illness or injury*</p> <p>Name of family member: _____</p> <p>Relationship to you: _____</p> <p>If your child is the person with the serious health condition, his/her date of birth: _____</p> <p>_____</p> <p><i>* When requesting leave for any of these reasons, a medical or other certification may be required.</i></p> <p><i>** If leave relates to a domestic partner, request and complete the separate domestic partner certification form that is available from the District.</i></p>	<p>I am requesting (check one):</p> <p><input type="checkbox"/> A continuous period of leave beginning on _____ and returning to work on _____. At this time, these dates are (circle one): “Reasonably Certain” -OR- “Only Approximate”</p> <p><input type="checkbox"/> Intermittent or reduced-schedule leave, beginning on _____ and ending on _____.</p> <p><input type="checkbox"/> Other (Describe the request in the space below.) _____ _____ _____ _____</p> <p>Briefly explain the reasons/circumstances of the leave (e.g., Is birth or adoption applicable? What care will the employee provide to a family member? What is the nature of the exigency related to active duty?): _____ _____ _____ _____</p> <p>If using available accrued paid leave for any portion of this leave, please indicate type(s) and amount(s) of accrued paid leave you wish to use during the period of FMLA leave being requested:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Number of Days</th> <th style="width: 50%;">Leave Type</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Number of Days	Leave Type								
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SECTION 2: Additional Notices, Certifications, and Employee Signature

The employee signing the form below is notified of the following:

- If you have questions about this form or about family and medical leave in the District, you may contact the District’s Human Resources Coordinator.
- The District’s family and medical leave Board Policies 3430.01/4430.01 and corresponding Administrative Guidelines 3430.01/4430.01 are available on the District website.
- The submission of this form does not constitute a determination of your eligibility for leave under the federal FMLA or the WFMLA, nor does submission of this form constitute District approval of the leave request. Nothing on this form adds to or diminishes your legal rights under the FMLA/WFMLA.
- Leave under the federal FMLA and/or the WFMLA, if approved, is unpaid leave, except that the District is required to maintain the employee’s group medical insurance on the same terms and conditions that applied prior to the leave, including making any employer contributions toward premiums. However, in certain situations, accrued paid leave may be charged and used concurrently with the otherwise-unpaid FMLA/WFMLA leave. If leave under the FMLA and/or the WFMLA is approved, you may be expected to make further arrangements regarding (1) the concurrent use of other accrued leave, and (2) the payment of any applicable employee insurance premiums.
- The District may require you to provide additional information in order to evaluate and process this leave request.
- To the extent consistent with applicable laws, an employee’s failure to provide appropriate notice of leave and/or to provide complete, sufficient, and timely supporting information related to a leave request or absence from work may result in (1) the delay, denial, or revocation of leave approval, and/or (2) in some situations, disciplinary action.
- The misrepresentation of facts pertaining to a leave request or to a period of leave (including the information provided on this form) may result in discipline, up to and including termination of employment.

By signing in the space below, the employee certifies that the information provided on this form is true and accurate to the best of his/her knowledge. The employee agrees to notify the District if the information provided on this form requires any changes or corrections.

Employee Signature:	Date of Signature:
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RETURN THIS FORM TO: The Port Washington-Saukville School District Human Resources Coordinator.

- An employee who has a foreseeable need for statutory leave (even if exact dates/times of the anticipated leave are not yet known) is expected to notify the District of the need for leave as far in advance as is practicable under the circumstances.
- When an employee’s need for statutory leave arises due to unforeseeable circumstances, the employee is expected to notify the District of the need as soon as practicable under the circumstances.

DISTRICT OFFICE USE ONLY:

Received By (name of leave administrator/designee):	Date Received:
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