EMPLOYEE REQUEST FOR FMLA / MEDICAL LEAVE OF ABSENCE

Please return this form directly to Melissa Beck in the Human Resource Department

TO BE COMPLETED BY THE EMPLOYEE:	
Employee Name:	
Home Address:	
Home Phone:	Email:

_____ **Time for my own serious health condition**
You must have the health care provider complete the appropriate sections of the Certification form for your serious health condition.

_____ **Birth of my child or Placement of a child with me for adoption or foster care**
Anticipated date of birth, adoption or placement: _____
You must provide the appropriate documentation showing date of adoption or placement

_____ **To care for a family member with a serious health condition**
Family member's name: _____
Relation: _____
Age: _____
You must have the health care provider complete the appropriate sections of the Certification form for the family member's serious health condition.

_____ **To care for a service member with a serious health condition**
You must submit the Certification of Serious Injury or Illness of Covered Service Member for Military Leave form.

_____ **Active duty exigency**
Family member's name: _____
Relation: _____
Age: _____
You must have the health care provider complete the Certification of Qualifying Exigency for Military Family Leave form.

Anticipated Begin Date of Leave:	Anticipated Return to Work:

If Leave will be taken intermittently or on a reduced schedule, indicate anticipated schedule below:

Do you wish to substitute paid leave for any portion of *WI Family or Medical Leave:*
☐ Yes Sick Leave Hours _____ Comp Time Hours _____ Vacation Hours _____
☐ No

Does your spouse work for the School District of Menomonee Falls? ☐ Yes ☐ No

I understand and agree that my request for Federal and/or WI FMLA leave is approved contingent upon my providing appropriate medical documentation or other required certification within 15 days of my receipt of this form to support this leave. Upon approval, the time off will be applied retroactively towards the total leave time allowed by law.

Employee Signature: _____ Date: _____