

FAMILY AND MEDICAL LEAVE REQUEST

Employee Name \_\_\_\_\_

Position	Building
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<b>REASON AND AMOUNT OF LEAVE REQUESTED</b>
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Mark the reason:

- Birth, adoption , or as a pre-condition to adoption of employee’s child;
- Serious illness of employee’s child, spouse or parent;
- My own serious illness;
- Military Caregiver

SPECIFY TIME REQUESTED:

Number of Weeks: \_\_\_\_\_ Days: \_\_\_\_\_ Hours: \_\_\_\_\_

NOTE:

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 attach an explanation and describe what must be done prior to schedule confirmation.
3. If you are requesting intermittent leave, please attach a schedule of anticipated leave dates. Leave may be taken in the smallest increments allowed by the employer for any other type of leave.
4. Submit your form to the employer in advance of leave.

<b>Employee’s Signature</b>	<b>Date</b>
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**DISTRICT OFFICE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Personal information you provide may be used for secondary purposes. [See Section 15.04 (1) (m), Wisconsin Statutes for details.