

Clinton Community School District

Request for Family and Medical Leave of Absence

This is a request only. You will receive a Designation Notice after the receipt of this request determining the status of this request.

Name: _____ **School/Location:** _____ **Position:** _____

1. The undersigned hereby requests a leave as provided in the Wisconsin Family and Medical Leave Act and/or the Federal Family and Medical Leave Act/Expanded Federal Family Leave Act for the following period:

First Date of Leave: _____ **Expected Return Date:** _____

2. If the leave is for intermittent time periods, please explain the requested time off below:

3. The leave is requested for the following reason(s): Under the Family Medical Leave Act, the following requests may require the appropriate *Certification from Health Care Provider* forms. You can obtain these forms from the Business Office.

- The birth of my son or daughter and to care for that child.
- The adoption or foster placement of a son or daughter and to care for such child.
- To care for my spouse, domestic partner, son, daughter, parent or parent in law (circle one) who has a serious health condition. **Reason:** _____
- My serious health condition. **Reason:** _____
- Because of a qualifying exigency arising out of the fact that my spouse, child, or parent (circle one) is on active duty or call to active duty status in support of contingency operation as a member of the National Guard or Reserves.
- Because I am the spouse, child, parent, or next of kin (circle one) of a covered service member with a serious injury or illness.

4. I request to use the following days (specify quantity):

_____ Days Sick Leave _____ Days Vacation Days _____ Days Unpaid Leave
_____ Days Personal Leave

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, we may request that the leave be supported by a certification. If the certification is incomplete or insufficient, we will notify you in writing what additional information is necessary to make the certification complete and sufficient. Generally speaking, FMLA and Wisconsin and Family Medical Leave (WFMLA) will run concurrently.

Employee Signature: _____ **Date:** _____

Supervisor or SBM Signature: _____ **Date:** _____

Date received by the Business Office: _____

Form Updated: 3/30/2020