

**Clinton Community School District**  
**Request for Family and Medical Leave of Absence**

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 for the following period:

First Day Off Work: \_\_\_\_\_ (date)      Last Day Off Work: \_\_\_\_\_ (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):

\_\_\_\_\_ The birth of my son or daughter and to care for such 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 substitute the following days:

\_\_\_\_\_ Unpaid Leave days      \_\_\_\_\_ days

\_\_\_\_\_ Vacation Days      \_\_\_\_\_ days

\_\_\_\_\_ Sick Leave Days      \_\_\_\_\_ days

5. Substitute (if known) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Employee must obtain supervisor's signature before sending to Personnel Office.)*

\_\_\_\_\_ Date received by District Office