

**SCHOOL DISTRICT OF HOLMEN
FAMILY AND MEDICAL LEAVE ACT/WISCONSIN FAMILY AND MEDICAL LEAVE ACT**

EMPLOYEE REQUEST FORM

Name: _____ Social Security Number: _____

Home Address: _____ Department: _____

_____ Department
Address: _____

_____ City State Zip

Home Telephone Number: _____ Work Telephone Number: _____

DATES OF LEAVE REQUESTED: From: _____ To: _____

- REASON FOR LEAVE:
- The birth of my son or daughter and to care for such child;
 - The placement of a son or daughter with me for adoption or foster care;
 - To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition;
 - My serious health condition.

Explain the reason for the request for leave. (Describe the intermittent leave schedule if requesting a reduced schedule.):

- SUBSTITUTION OF PAID LEAVE:
- Vacation _____ Hours
 - Personal/Floating Holiday _____ Hours
 - Sick Leave _____ Hours
 - Other (specify) _____ Hours

I certify that I understand, agree to, and meet the requirements and conditions of the Family and Medical Leave Act of 1993. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

EMPLOYEE SIGNATURE: _____ DATE: _____

- FOR OFFICE USE ONLY:** Leave request is: APPROVED (Circle: Federal / State / Both)
- WFMLA FMLA Other NOT APPROVED (Explanation on reverse side)

This leave will run concurrently with any other leave to which the employee may be entitled.

Supervisor/Director/Chair Date

Distribution: Employee, Human Resources, Supervisor, Payroll