



Request for Family and Medical Leave

Please review the Employee Handbook section on eligibility and requirements for FMLA prior to completing this form.

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

Employee Name:		
Reason and Amount of Leave Requested (check the one that applies)		
<input type="checkbox"/> Birth, adoption or as a pre-condition to adoption of employee's child		
<input type="checkbox"/> Serious illnesses of employee's child, spouse, parent or domestic partner (circle one)		
<input type="checkbox"/> For my own serious illness		
Number of Weeks	Number of Days	Number of Hours
Date my requested leave will begin:		
Date I will return to work:		
I am requesting: (check one)	<input type="checkbox"/> I want to continue health coverage <input type="checkbox"/> I want to use PTO buyout to pay for benefits	
I am requesting: (check one)	<input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave <input type="checkbox"/> Reduced schedule leave	
<p>Notes:</p> <ol style="list-style-type: none"> 1. If your leave schedule is not yet known or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed. 2. If you are requesting intermittent or reduced schedule leave, please indicate your desired leave schedule. Leave may not be taken in less than one hour increments. 		
Employee's Signature:	Date:	
Do not write below this line.		
Received By:	Date:	
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