



**REVISED 11-06**

University of Wisconsin-Parkside  
**Leave of Absence/Family and Medical Leave Act**

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY # (LAST 4 DIGITS ONLY): \_\_\_\_\_

HOME ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ CAMPUS ADDRESS: \_\_\_\_\_

**NEW LEAVE REQUEST:** begin date of leave: \_\_\_\_\_ scheduled return date: \_\_\_\_\_

**EXTENSION OF LEAVE:** begin dates of leave: \_\_\_\_\_ scheduled return date: \_\_\_\_\_

**REASON FOR LEAVE:** (Be specific so that a review can be made regarding your leave rights under university, state and/or federal leave laws. Describe if this request is to work part-time or on an intermittent work schedule.)

**THIS LEAVE REQUEST IS TO CARE FOR MY FAMILY MEMBER'S SERIOUS HEALTH CONDITION, BIRTH OF A CHILD, ADOPTION LEAVE, OR PARENTAL LEAVE. COMPLETE THIS SECTION:**

NAME OF FAMILY MEMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

- MY LEAVE WILL BE A COMBINATION OF PAID AND UNPAID LEAVE.**
- MY LEAVE WILL BE PAID LEAVE.**
- MY LEAVE WILL BE UNPAID LEAVE.**
- I WILL BE TAKING INTERMITTENT LEAVE.**

Intermittent Leave Schedule: \_\_\_\_\_

**\*ATTENTION SUPERVISORS:** For Payroll purposes, if **unpaid leave** is taken, the amount of unpaid leave must be reported on appropriate timesheets (for classified staff) or Payroll Request Forms (for unclassified staff). Appropriate **paid leave** should be reported on timesheets (for classified staff) or monthly leave reports (for unclassified staff).

I hereby apply for a leave of absence for the purpose indicated above. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact my supervisor regarding my absence from work beyond such scheduled date of return, my employer may take disciplinary action against me, which may include termination for cause effective the date the leave expired.

If eligible for FMLA, 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. Alternatively, I will obtain and submit medical documentation upon request.

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

**ACTION RECOMMENDED:**

Check One:  approved  not approved \*Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  approved  not approved Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  approved  not approved Senior Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES REVIEW:**

Does leave qualify as FMLA absence? ..  Yes .....  No

Family/Medical Leave Action Information .....  is attached ...  is not attached

Check one:  approved  modified as follows  denied

Reasons/comments:

Human Resources Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Email Distribution: HR Office Staff, Employee, supervisor,  leave coordinator: \_\_\_\_\_

- Original document to H-file
- Copy to Employee @ home address