

CITY OF WISCONSIN RAPIDS
EMPLOYEE REQUEST FOR FAMILY/MEDICAL LEAVE

PLEASE PRINT

Employee Name: _____

Department/Position: _____

Date Leave Request Submitted: _____

I am requesting family/medical leave pursuant to the federal Family and Medical Leave Act of 1993 and state law. The purpose of the leave is:

The birth of a child, or the placement of a child for adoption or foster care.
Expected date of event: _____

Employee medical leave as a result of a serious health condition which has rendered me unable to perform my job functions.
State condition: _____

A serious health condition affecting my spouse; child; parent; parent-in-law (maximum of 2 weeks in calendar year); domestic partner or parent of domestic partner (maximum of 2 weeks in calendar year) for which I am needed to provide care. (A child does not include son or daughter age 18 or over unless they are "incapable of self-care" because of mental or physical disability that limits one or more "major life activities").
State medical condition and care required:

To provide care for a recovering military service member who is my: spouse; child; parent; next of kin; and who suffered an injury or illness while on active duty that rendered the member unable to perform the duties of the member's office, grade, rank, or rating. State medical condition and care required:

As a result of a "qualifying exigency" or a service member in the reserved forces (not regular active military) who is my: spouse; child; parent; and who has been called to active duty or has been notified of an impending call or order to active duty in the Armed Forces. State nature of qualifying exigency:

I would like to commence my leave on _____, 20____ and expect the leave to continue through _____, 20____. While I am on leave, I would like to use the following paid time off provided by the City that I have accrued (e.g., vacation):

I understand that each time I need FMLA leave that I should advise Human Resources as soon as possible of the need for that specific type of leave. I understand that intentionally falsifying this FMLA leave request can result in discipline up to and including discharge.
Other comments with regard to Leave:

Employee's Signature

Approved Denied

By: _____

Date: _____

Date: _____