GREEN COUNTY

FAMILY AND MEDICAL LEAVE POLICY

EMPLOYEE REQUEST FORM

NAME: ____DATE:_________________ EMPLOYEE #: ____________

DEPARTMENT: ___________________________________ POSITION/JOB TITLE: ______________________________

DATE OF HIRE: ________________________ STATUS: ❒ FULL TIME ❒ PART TIME

Dates of leave requested: From: ___________________ To: _____________________

❒ I request intermittent leave (if applicable. Please reference “Intermittent Leave” section of County Policy).

Describe the length of each leave period (hours, days, etc.)

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Reason for leave:

❒ My own serious health condition
❒ This is a Worker’s Compensation Injury

❒ To care for my spouse, son, daughter, or parent, (circle one) who has a serious health condition;
❒ *Check if parent-in-law or domestic partner*

❒ The birth of my son or daughter and to care for such child; *Expected date of birth:* _______________

❒ The placement of a son or daughter with me for adoption or foster care; *Date of placement:* _______________

❒Other (please explain the reason for the leave, including if for Military Family Leave):

Comments:

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Use of benefited time off during FMLA protected leave: *(Only during the portion of an FMLA leave covered by Wisconsin law, employees may elect to, or not to, utilize available benefit time off, or take partial benefit time: 2 weeks for the employee’s own serious health condition; 2 weeks to care for the employee’s spouse, domestic partner, child, parent or parent-in-law with a serious health condition; and/or 6 weeks to care for the employee’s child after birth or adoption.)*

Indicate distribution of hours to use… …or.. …order to expend (1st, 2nd, 3rd, 4th).

❒Sick Time ________Hours ________ in order

❒Vacation Time ________Hours ________ in order

❒Personal Time ________Hours ________ in order

❒Compensatory Time ________ Hours ________ in order

❒No pay — during WI State FMLA leave entitlement I elect to take unpaid leave without using available benefit time

❒Partial Benefit — during WI State FMLA leave entitlement I elect to take unpaid leave using partial available benefit time as described in the comments section below

❒Preserve one week benefit time off while on FMLA job-protected leave

Comments:

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Disability Insurance:

❒ I participate in the County's short-term disability insurance plan

❒ I participate in the County's long-term disability insurance plan

I understand and agree to the following provisions:

- ❑ I have read the Green County "Family and Medical Leave Acts" policy.
- ❑ I will be financially responsible for my share of monthly insurance premiums, if any, and will ensure they are paid promptly as stated in the "Employer Response".
  - ❑ N/A
- ❑ I may be required to exhaust my benefited time off or accumulated compensatory time off during my leave.
- ❑ I will be considered to have terminated my employment with Green County if I do not return to work or contact my supervisor on or before the intended ending date of my leave.
- ❑ I understand that any misrepresentation by me in completing this form may subject me to discipline up to and including termination of my employment and I hereby attest to the truthfulness and accuracy of the above information.

________________________________ ______________________

Employee Signature Date

NOTICE! — A PHYSICIAN'S CERTIFICATION IS REQUIRED FOR FMLA JOB-PROTECTED LEAVE.

SUPERVISOR'S APPROVAL OF LEAVE REQUEST

❒ I hereby approve the request subject to verification of eligibility.

❒ I hereby deny this request for leave for the following reason(s):

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________________________________ ______________________

Supervisor Signature Date

APPROVE OR DENY THIS REQUEST AND DELIVER OR FAX THIS DOCUMENT TO THE GREEN COUNTY HUMAN RESOURCES DEPARTMENT IMMEDIATELY AFTER RECEIPT FROM THE EMPLOYEE.

N3152 State Hwy 81 Monroe, WI 53566 or Fax to: 608-325-1162