

**GREEN COUNTY
FAMILY AND MEDICAL LEAVE ACT
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 the leave period (hours, days, etc.): _____

Reason for Leave: Please Circle

1. My own serious health condition
Is this a Worker's Compensation Injury? Yes No
2. To care for my spouse, son, daughter, or parent (please circle) who has a serious health condition.
Is this a parent-in-law or domestic partner? Yes No
3. The birth of my child and to care for such child. Expected date of birth: _____
4. The placement of a child with me for adoption or foster care. Date of placement: _____
5. Military Family Leave

Explanation of Need for Leave: _____

Disability Insurance:

I participate in Green County's SHORT-TERM Disability Insurance plan? Yes No

I participate in Green County's LONG TERM disability Insurance plan? Yes No

NOTICE! A PHYSICIAN'S CERTIFICATION IS REQUIRED FOR FMLA JOB PROTECTED LEAVES.

Use of benefited time during FMLA protected leave: During the portion of an FMLA leave covered by Wisconsin law, employees may elect to, or not to, use 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 and the order in which to use them (1st, 2nd, 3rd, 4th).

- Sick Time _____ Hours _____ Which Order
- Vacation Time _____ Hours _____ Which Order
- Personal Time _____ Hours _____ Which Order
- Compensatory Time _____ Hours _____ Which Order
- NO PAY---During WI State FMLA leave entitlement I elect to take unpaid leave without using my available benefit time
- PARTIAL Benefit--During WI State FMLA leave entitlement I elect to use some available benefit time and take partial unpaid leave as described in the comments section below.
- Preserve one week of my benefit time while off on FMLA job protected leave.

Comments:

I understand and agree to the following provisions:

1. I have read the Green County Family and Medical leave Acts policy.
2. 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.
3. I may be required to exhaust my benefited time off or accumulated compensatory time off during my leave.
4. 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.
5. 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

APPROVAL OF LEAVE:

- I hereby approve the leave request subject to verification of eligibility.
- I hereby deny this leave request for the following reason(s): _____

Supervisor Signature

Date

Department Head Signature

Date

Upon approving or denying this request, please send or fax this document to the Green County Human Resources Department immediately after receipt from the employee. Fax: 608-325-1162

UPDATED 7/21/20