

**SCHOOL DISTRICT OF WHITEFISH BAY
REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

Name _____

School _____ Position _____

Address _____

Phone # () _____

The undersigned hereby requests a leave as provided in the Wisconsin Family or Medical Leave Act (WFMLA) and the Federal Family and Medical Leave Act (FFMLA).

Reason for Leave Request:

_____ Employee's own serious health condition.

_____ Birth, adoption or as a precondition to adoption of employee's child;

_____ Serious health condition of employee's child, spouse, parent domestic partner, as defined in § 40.02(1) or 770.01(1) or a parent of a domestic partner;

Commencing: _____ (date)

Return to Work Date: _____ (date)

If for intermittent leave (partial day leave) please list specific dates and times:

_____ (dates & times)

I request to substitute the following:

Indicate # of Days

_____ Unpaid leave

_____ Paid Sick Leave

_____ Personal Day (If applicable)

_____ Personal Business Day

_____ Vacation (If applicable)

Signature: _____ Date: _____

Principal Signature: _____ Date: _____

_____ Date received by Personnel Office

_____ Date of action by Personnel Office and disposition ___ approved ___ denied

_____ Date Certification requested.

SCHOOL DISTRICT OF WHITEFISH BAY
1200 E. Fairmount Ave.
Whitefish Bay, WI 53217

Steps for applying for Family/Medical Leave

1. The employee should discuss the situation with his/her principal. If the precipitating event was foreseeable, the employee shall officially notify the District at least 30 days prior to the leave.
 - a. The employee shall (if possible) work with his/her principal to ensure substitute arrangements are in place.
 - b. If the precipitating event was unanticipated, the employee shall notify the District (Principal and Director of Human Resources) as soon as possible.
2. The employee should complete the “Request for Family and Medical Leave” form. Forward the form along with certification form (if already complete) to Human Resources. All requests should have an anticipated start and ending date.
3. Leaves due to the serious health condition of an employee or the employee’s spouse, son, daughter, or parent who has a serious health condition, will require a certification of the health care provider.
4. Human Resources will provide a letter confirming the approval/denial of the leave, as well as salary and benefit status.
 - a. Leaves utilizing substitution of vacation and/or paid sick leave continue employee contributions through payroll deductions.
 - b. For unpaid leaves, the employee is responsible for pre-paying the entire employee premium contribution.
4. The employee is responsible for notifying the building Principal and the Personnel Office of changes in his/her leave status.
5. Leaves due to the serious health condition of the employee may require a Fitness for Duty Certification and/or Doctor’s authorization releasing the employee to return to work or documentation of an existing medical condition that necessitates the leave.