

**SCHOOL DISTRICT OF WHITEFISH BAY**  
**1200 East Fairmount Avenue**  
**Whitefish Bay, Wisconsin 53217**

***REQUEST FOR LEAVE OF ABSENCE***

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_ WI \_\_\_\_\_

Phone #: (            ) \_\_\_\_\_  Cell  
 Home

School/Building: \_\_\_\_\_ Position: \_\_\_\_\_

The undersigned hereby requests the following day(s) of leave of absence:

Commencing: \_\_\_\_\_ (date) through \_\_\_\_\_ (date)

Return to work on: \_\_\_\_\_ (date)  Full Day(s) Off  
 Partial Day(s) Off = \_\_\_\_\_ Amount  
(Example: .25 or 1/4 Day; .50 or 1/2 Day)

Leave (as indicated in Employee Handbooks) is requested for the following reason(s):

- (A) **Funeral/Bereavement Leave**                       (B) **Jury Duty**                       (C) **Military Leave**
- (D) **Family and Medical Leave Act (FMLA)** [Complete both sides of this form for FMLA leave request.]
- (E) **Medical Leave (Non-FMLA)**
- (F) **Child Rearing Leave** [Grading Period Requested Off = (dates) \_\_\_\_\_ to \_\_\_\_\_]
- (G) **Time Off Without Pay – Reason:** \_\_\_\_\_
- Unpaid Day Option in connection with School Closing** (No payment for cost of benefits applied)

I request to substitute the following:

Unpaid Leave                       Paid Sick Leave (if available)                       Vacation (if available)

# of Unpaid Days = \_\_\_\_\_                      # of Sick Days = \_\_\_\_\_                      # of Vacation Days = \_\_\_\_\_

I understand that if approved, this period of leave will be documented in my employee personnel file. I further understand that I will be billed for the cost of benefits when the leave request becomes unpaid.

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

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS BOX FOR ADMINISTRATIVE USE ONLY**

Date received in HR Office or Business Office: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date of action by HR Office or Business Office: \_\_\_\_\_ Initials: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Distribution to: Original – HR Dept., Copy – Employee, Copy – Business Office, Copy – Principal/Supervisor

Please read and complete this page regarding request for:

\* (D) **Family and Medical Leave Act (FMLA)** - Wisconsin Family or Medical Leave Act and the Federal Family and Medical Leave Act

\* (E) **Medical (Non-FMLA) Leave**

**Steps for applying for Family/Medical Leave**

1. The employee should discuss the situation with his/her principal or supervisor. 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 or supervisor to ensure substitute arrangements are in place.
  - b. If the precipitating event was unanticipated, the employee shall notify the District (Principal/Supervisor and Director of Human Resources) as soon as possible.
2. The employee should complete the "Request for Leave of Absence" 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 an employee's spouse, child, or parent will require a certification of the Health Care Provider.
4. Human Resources will provide a letter confirming the approval/denial of the leave. The Business Office will prepare a notice regarding salary and benefit status.
  - a. Leaves utilizing substitution of paid sick leave and/or vacation continue employee contributions through payroll deductions.
  - b. For unpaid leaves, the employee is responsible for paying the entire cost of benefits (does not pertain to guidelines established for health insurance premiums related to FMLA).
5. The employee is responsible for notifying the building Principal or Supervisor and the Human Resources Office of changes in his/her leave status.
6. Leaves due to the serious health condition of the employee may require a Fitness for Duty Certification and/or Health Care Provider's authorization releasing the employee to return to work or documentation of an existing medical condition that necessitates the leave.

I am requesting the following reason(s) for **FMLA Leave**:

- Birth of a child, adoption, or placement of a child with you for adoption or foster care
- Employee's own serious health condition
- Serious health condition of employee's  Spouse/Domestic Partner  Child  Parent as defined in § 40.02(1) or 770.01(1) or a  Parent of a domestic partner
- Qualifying exigency for your  Spouse  Child  Parent on covered active duty or call to covered active duty status with the Armed Forces
- You are the  Spouse  Child  Parent  Next of kin of a covered servicemember with a serious health injury or illness

I am requesting leave on the following basis for **FMLA Leave** and/or **Medical (Non-FMLA) Leave**:

- Consecutive Day(s) Off – Please list dates requesting off and substitution amounts on front page.
- Intermittent Day(s) Off – Please list substitution amounts on the front page. List specific dates requesting off for intermittent leave: \_\_\_\_\_

**THIS BOX FOR ADMINISTRATIVE USE ONLY – FOR FMLA/MEDICAL LEAVE REQUEST**

Health Care Provider Certification Form - Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_

FMLA/Medical Approved: \_\_\_\_\_ FMLA/Medical Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Sent Employer Response Letter: \_\_\_\_\_ Sent Desig&Elig/Rights/Resp. Notice Form: \_\_\_\_\_