**Caretaker Leave – Who is an eligible family member with a serious health condition?**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Caretaker Leave</th>
<th>Maximum time off per calendar year.</th>
<th>Covered under Wisconsin FMLA?</th>
<th>Covered under Federal FMLA?</th>
<th>Other options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyfriend / Girlfriend</td>
<td>Not covered</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>You may apply for an unpaid personal leave for up to one year.</td>
</tr>
<tr>
<td><strong>Daughter</strong></td>
<td>Birth, adoption, foster or treatment foster care, stepchild, or a legal ward</td>
<td>Less than age 18. If 18 or older, cannot care for themselves because of a serious health condition. (*)</td>
<td>12 weeks</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Daughter-in-law</strong></td>
<td>Not covered</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>You may apply for an unpaid personal leave for up to one year.</td>
</tr>
<tr>
<td><strong>Sibling</strong></td>
<td>Natural, foster, adoptive, half, or step.</td>
<td>Not covered</td>
<td>None</td>
<td>No</td>
<td>You may apply for an unpaid personal leave for up to one year.</td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td>Natural, foster, treatment foster parent, adoptive, stepparent, or legal guardian of an employee</td>
<td>Must be a serious health condition. (*)</td>
<td>12 weeks</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Parent-in-law</strong></td>
<td>Natural, foster, treatment foster parent, adoptive, stepparent, or legal guardian of an employee’s spouse</td>
<td>Must be a serious health condition. (*)</td>
<td>2 weeks</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>“Spouse” means an employee’s legal husband or wife as defined by regulations.</td>
<td>12 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td>You may apply for an unpaid personal leave for up to one year if you exhaust FMLA leave.</td>
</tr>
<tr>
<td><strong>Son</strong></td>
<td>Less than age 18. If 18 or older, cannot care for themselves because of a serious health condition. (*)</td>
<td>12 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Son-in-law</strong></td>
<td>Not covered</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>You may apply for an unpaid personal leave for up to one year.</td>
</tr>
</tbody>
</table>

* “Serious health condition” means a disabling physical or mental illness, injury, impairment or condition involving any of the following: (1) Inpatient care in a hospital, nursing home, or hospice or (2) Outpatient care that requires continuing treatment or supervision by a health care provider.*