

# Leave of Absence Request Form

Form to be completed by employee and their supervisor.

<b>Name:</b>
<b>Title:</b>
<b>Department:</b>
<b>Work schedule:</b> S M T W Th F S
<b>Hours per week:</b>

## Requested Absence Dates

<b>From:</b>
<b>Return to work on:</b>
<b>Intermittent Period:</b>

For specific information about any type of leave of absence, visit the Benefits Web site at [www.marquette.edu/benefits](http://www.marquette.edu/benefits).

- Personal Leave**  
The University may provide an employee an unpaid leave of absence, up to but not exceeding 12 months, for personal reasons. Such a request must be for a specific period of time, be accompanied by a letter of explanation, and may or may not be approved by the University, depending upon the operational needs of the department. Benefit provisions do apply.
- Military Leave**  
Attach a copy of the military orders to the Leave of Absence Request Form. The university will provide an employee military pay for annual military service, such as annual reserve training, for up to two weeks.
- Federal and Wisconsin Family and Medical Leave Act (FMLA)**  
**Federal FMLA Eligibility:** Employees who have worked at least 1,250 hours in the preceding 12 months and employed for at least 12 months. **Wisconsin FMLA Eligibility:** Employees who have worked at least 1,000 hours in preceding 52 weeks and for at least 52 consecutive weeks.

Under the Federal FMLA, Marquette University is required to provide up to twelve (12) workweeks of unpaid, job protected leave to eligible employees for certain family and medical reasons. Under the Wisconsin FMLA, Marquette University is required to provide: up to six (6) weeks to care for the employee's child after birth, or placement for adoption; up to two (2) weeks to care for the employee's spouse, child or parent, who has a serious health condition; or up to two (2) weeks for a serious health condition that makes the employee unable to perform the responsibilities of the position.

Please note that if the employee is entitled to leave under both laws, then time taken will be counted against both entitlements (Federal and State) concurrently. If spouses are employed at Marquette University, they can take up to 12 weeks of unpaid job protected leave combined.

- Maternity or Paternity Leave: To care for the employee's child after birth, or placement for adoption or foster care. Maternity leaves take effect the day labor begins or the birth of the child. If adopting, the date of the adoption.
- Caretaker Leave: To care for the employee's spouse, child, or parent who has a serious health condition.
- Medical Leave: A serious health condition making the employee unable to perform essential functions of the position.
- Military Leave: Employee, or their spouse, child or parent, has been called to active duty in the Armed Forces in support of a contingency operation or has incurred an injury or illness in the line of duty while on active duty in the Armed Forces, provided that such injury or illness may render the employee, spouse, child, or parent medically unfit to perform duties of his/her office, grade, rank or rating. More information can be found in UPP 4-03.

**Return to Emily Chardac | Human Resources | Marquette University**  
**Fax: (414) 288-7425 | Phone: (414) 288-7496 | [Emily.Chardac@marquette.edu](mailto:Emily.Chardac@marquette.edu)**

## Notifying Employee Benefits

- ✓ 30 days for a foreseeable circumstance
- ✓ As soon as practical for emergency or unforeseen situations

## Procedure to Apply

- ✓ Give proper notice to Employee Benefits and your department.
- ✓ *Leave of Absence Request Form* completed by employee and their supervisor.
- ✓ *Certification of Health Care Provider Forms* completed by the employee or family member's doctor
- ✓ *Military Orders* (if applicable)
- ✓ Inform Employee Benefits of updates, extension requests, and when the employee anticipates returning to work.

## Usage of Vacation, Sick, or Short-Term Disability

FMLA Leaves: Under University Policy, UPP 4-03, support staff may use eligible sick and vacation pay; administrators may use eligible vacation and short-term disability pay; and faculty may use eligible short-term disability pay.

<b>Support staff</b>	I would like to use _____ Sick days (or hours) I would like to use _____ Vacation days
<b>Administrators</b>	I would like to use _____ Short-term disability days I would like to use _____ Vacation days
<b>Faculty</b>	I would like to use _____ Short-term disability days

## Employee and Supervisor Signatures

Employee Signature	Supervisor Signature
<p>I have read and understand the content in the Leave of Absence Request Form. If I have any questions or concerns I have already contacted Employee Benefits. I understand that I am accountable for falsifying any portion of the leave of absence process; and for failure to submit University and medical documentation when requested by Employee Benefits.</p>	<p>I have read the conditions in which the employee is held accountable for. If I have any questions or concerns I have already contacted Employee Benefits.</p>
<p><input type="checkbox"/> I acknowledge this Leave of Absence request.</p> <p><input type="checkbox"/> Attached are other considerations that should be taken into account before this leave is approved. I acknowledge that the mentioned employee has requested a Leave of Absence.</p>	
<p>_____</p> <p>Employee Printed Name</p>	<p>_____</p> <p>Supervisor Printed Name</p>
<p>_____</p> <p>Employee Signature</p>	<p>_____</p> <p>Supervisor Signature</p>
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>

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