

Leave of Absence Request Form

Name:	Department:
Work schedule: S M T W Th F S	Hours worked per week:
Leave Start date:	Return to work date:
<p>Intermittent Leave: Some medical conditions may result in a need for occasional time off due to periodic medical flare-ups, or to attend scheduled treatment appointments over a period of time. In those cases, you can request an intermittent leave authorization:</p>	
Intermittent period:	

Type of leave requested

- Personal Leave**
The University may provide an employee an unpaid leave of absence, up to but not exceeding 12 months. Such a request must be for a specific period of time and be accompanied by a letter of explanation. Benefit restrictions apply.
- Military Leave**
Attach a copy of the military orders to the Leave of Absence Request Form.
- 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.
 When an employee is eligible for both federal and WI FMLA, leaves run concurrently.
- Maternity or Paternity Leave:** To care for the employee's child after birth, or placement for adoption or foster care.
- 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 their job.
- 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.

How Do You Want To Be Paid During Your Leave? (FMLA only)

<p>Hourly Staff (bi-weekly)</p> <p>___ Sick days or hours</p> <p>___ Vacation days or hours</p> <p>___ Floating holiday</p> <p>___ Unpaid time</p>	<p>Faculty & Salaried Staff (monthly)</p> <p>___ Short-term disability days</p> <p>___ Vacation days</p>
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Employee and Supervisor Signatures

<p style="text-align: center;">Employee Signature</p> <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 will be held accountable if I falsify any portion of the leave of absence process.</p> <p>_____</p> <p style="text-align: center;">Employee Printed Name</p> <p>_____</p> <p style="text-align: center;">Employee Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p style="text-align: center;">Supervisor Signature</p> <p>I acknowledge receipt of this leave of absence request. If I have any questions or concerns I have already contacted Employee Benefits.</p> <p>_____</p> <p style="text-align: center;">Supervisor Printed Name</p> <p>_____</p> <p style="text-align: center;">Supervisor Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>
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