

**SCHOOL DISTRICT OF SOUTH MILWAUKEE
REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

Name: _____ School/Location: _____ Position: _____

1. The undersigned hereby requests a leave as provided in the Wisconsin Family and Medical Leave Act and/or the Federal Family and Medical Leave Act for the following period:

First Day Off Work: _____ (date) Last Day Off Work: _____ (date)

2. If the leave is for intermittent time periods, please explain the requested time off below:

3. The leave is requested for the following reason(s):

_____ The birth of my son or daughter and to care for such child.

_____ The adoption or foster placement of a son or daughter and to care for such child.

_____ To care for my spouse, domestic partner, son, daughter, parent or parent in law (circle one) who has a serious health condition.

Reason: _____

_____ My serious health condition. Reason: _____

_____ Because of a qualifying exigency arising out of the fact that my spouse, child, or parent (circle one) is on active duty or call to active duty status in a contingency operation.

_____ Because I am the spouse, child, parent, or next of kin (circle one) of a covered servicemember with a serious injury or illness.

4. I request to substitute the following days:

_____ Unpaid leave days _____ days

_____ Vacation days _____ days

_____ Sick leave days _____ days

5. Substitute (if known) _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

(Employee must obtain supervisor's signature before sending to Personnel Office)

_____ Date received by Personnel Office