UNIVERSITY OF WISCONSIN SYSTEM
EMPLOYEE REQUEST FOR FAMILY AND/OR MEDICAL LEAVE

SECTION 1: For completion by the EMPLOYEE

Employee Name:

Employee Home Address:

Home Phone Number:	Work Phone Number:

Email:

UW Institution: UW- Superior	Division/Dept:

Work Address: Belknap & Catlin, PO Box 2000, Superior, WI 54880

Reason for Leave (Check all applicable):

☐ Birth/Adoption/Pre-Adoptive Foster Care
☐ Foster Placement
☐ Employee's Own Serious Health Condition (may require medical certification)
☐ To Care for Family Member or Military Servicemember with Serious Health Condition* (may require medical certification)
☐ For a Qualifying Exigency due to the military active duty status or call to active duty status of a spouse, son, daughter or parent (certification may be required)

** When Family and Medical Leave is needed to care for a family member or servicemember, you must state the care you will provide and an estimate of the time period during which this care will be provided, including a schedule of intermittent leave or leave on a reduced work schedule, if requested.*

Anticipated Begin Date of Leave:	**Anticipated End Date of Leave**:

Briefly Explain Reason for Leave (if leave is to care for someone, please indicate name of and relationship to the person who needs care):

SUBSTITUTION OF PAID LEAVE: Please indicate if you would like to use paid leave during your absence and how many hours you plan to use (to the extent provided by law). Attach a completed leave report if required.

☐ Vacation (_____ hours) ☐ Sick Leave (_____ hours)
☐ Vacation Carryover (_____ hours) ☐ Sabbatical/ALRA (_____ hours)
☐ Personal/Floating Holiday (_____ hours) ☐ Comp Time (_____ hours)

I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

Employee Signature: ____ Date: _________________________

Supervisor Signature: ____ Date: __________________________

Leave Request is: ☐ Approved (Circle: Federal / State / Both)
☐ Not approved (explain on back side of form)

Authorizing Signature: ____ Date: ____________________

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(Continued)

If leave request is not approved, please explain reason for denial of request: