

**SCHOOL DISTRICT OF GREENFIELD
REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

Name: _____

School: _____ Position: _____

Address: _____

Phone: () _____

The undersigned hereby requests a leave as provided in the Wisconsin Family or Medical Leave Act (WFMLA) and the Federal Family and Medical Leave Act (FFMLA).

Reason for Leave Request:

_____ Employee's own serious health condition.

_____ Birth, adoption or as a precondition to adoption of employee's child;

_____ Serious health condition of employee's child, spouse, parent, domestic partner, as defined in § 40.02(1) or 770.01(1) or a parent of a domestic partner;

Date Commencing: _____

Return to Work Date: _____

If, for intermittent leave (partial day leave), please list specific dates and times:

_____ (dates & times).

Please note that intermittent/partial day's absence requests may be denied.

I request to substitute the following:

Indicate Number of Leave Days

_____ Paid Leave (*exact number of days you want to use*)

_____ Vacation (If applicable)

Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Date received by Human Resources: _____

SCHOOL DISTRICT OF GREENFIELD

**4850 S. 60th Street
Greenfield, WI 53220**

Steps for applying for Family/Medical Leave

1. The employee should discuss the situation with the employee's principal/supervisor. If the precipitating event was foreseeable, the employee shall officially notify the District at least 30 days prior to the leave.
 - a. The employee shall (if possible) work with the employee's principal to ensure substitute arrangements are in place.
 - b. If the precipitating event was unanticipated, the employee shall notify the District (Principal and Director of Human Resources) as soon as possible.
2. The employee should complete the "Request for Family and Medical Leave" form. Forward the form along with certification form (if already complete) to Human Resources. All requests should have an anticipated start and end date.
3. Leaves due to the serious health condition of an employee or the employee's spouse, child, or parent who has a serious health condition, will require a certification from the health care provider.
4. Human Resources will provide a letter confirming the approval/denial of the leave, as well as salary and benefit status.
 - a. Leaves utilizing substitution of vacation and/or paid sick leave will continue employee contributions through payroll deductions.
 - b. For unpaid leaves, the employee is responsible for pre-paying the entire employee premium contribution.
5. The employee is responsible for notifying the building Principal and the Human Resources office of changes in the employee's leave status.
6. Leaves due to the serious health condition of the employee may require a Fitness for Duty Certification and/or physician's authorization releasing the employee to return to work or documentation of an existing medical condition that necessitates the leave.