

Employee Leave Request Form**(for all leave requests including FMLA)**

Employee Name: _____ Building: _____

Position: _____ Schedule: _____ Daily Hrs.: _____

First Date of Leave: _____ Anticipated Return Date: _____ Total Days: _____

If the requested leave is for intermittent time periods, please explain the desired leave schedule:

Please give a reason for the requested leave. _____

If there are any unusual circumstances related to the reason for the leave, please describe below:

If you are an employee with unused sick leave days, please identify how many sick leave days you wish to take as paid leave. Also indicate how many days will be unpaid. If you are a 12-month employee, you may take vacation days as part of the leave. Only employees who have sick leave days or vacation days available may take paid leave days. Teachers and part-time employees do not have vacation days available. Employees should check Skyward to determine how many sick or vacation days they have. Employees should not exhaust all leave days as part of the leave so they have some provision to be off if they need to be absent after they return to work.

Sick Leave Days: _____ + Unpaid Days: _____ + Vacation Days: _____ = Total: _____
(12 month employees only)

Employees who work 1,250 hours per year may be eligible for Federal FMLA leave. Employees who work 1,000 hours per year may be eligible for Wisconsin FMLA. Please underline whether you believe you may or may not be eligible for FMLA leave: **YES (I am eligible)** **(NO I am not eligible)**

Verification Signatures:

Employee Signature: _____ Date: ____ / ____ / ____

Supervisor Signature: _____ Date: ____ / ____ / ____

District Office Completes Below

Is this a FMLA leave? _____

Director of Human Resources: _____ Date: ____ / ____ / ____