**UNIVERSITY OF WISCONSIN - COLLEGES**

**LEAVE REQUEST FORM**

Name: Employee ID/EmplID:

(Last Name, Full First Name, MI) **OR**

Social Security No:

Home Address: College Address:

Home Telephone No. Work Telephone No.

**DATES OF LEAVE REQUESTED:** From: To:

1. ***Explain the NEED and/or REASON FOR YOUR REQUESTED LEAVE***. If you need additional space, feel free to attach your own statement:

1. At this time, ***I am requesting this Leave for FMLA and/or WFMLA***, whichever may be applicable and/or that I may qualify for, given the following reason (only check one box). In making this request, **I further understand that I must also complete the Employee Request for Family and/or Medical Leave Form (UWS-80) and attach to this Leave Request**. I authorize the appointing authority to obtain any necessary information and/or documentation regarding my request for FMLA and/or WFMLA Leave.

The birth/care for my child; or the placement of a child for adoption or foster care.

Actual or expected date of birth/placement:

To care for my seriously ill or injured spouse, son, daughter, parent or next of kin (circle one) who served in the Armed Forces (Physician's or Practitioner's Certification may be required).

To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition (Physician's or Practitioner's Certification may be required).

My own serious health condition (Physician's or Practitioner's Certification may be required).

1. ***I am requesting this Leave to be PAID***, and given that I meet qualification, I am requesting substitution for paid Leave per the following (check all that apply and indicate the hours in each category):

Vacation Hours

Personal/Floating Holiday Hours

Sick Leave Hours

Other (specify) Hours

I certify that the above information is accurate and complete.

**EMPLOYEE SIGNATURE**: **DATE**:

FOR OFFICE USE ONLY: Leave request is:  APPROVED

NOT APPROVED (Explain on reverse side)

Approved leave will qualify under FMLA/WFMLA or other leave provisions to the extent that the employee meets the requirements for eligibility.

Supervisor/Director/Chair Date