**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