



**LEAVE MANAGEMENT SERVICES**

**FAMILY MEDICAL LEAVE (FMLA) REQUEST FORM**

**Please return this form to the Leave Management Services department once completed.**

E-mail: [leavemanagementservices@aspirus.org](mailto:leavemanagementservices@aspirus.org)

Phone: 715-748-8115

Fax: 715-841-4300

1. Employee First and Last Name		2. Date of Birth		3. Employee Number		
4. Employee Address		City	State	Zip	5. Phone Number	
6. Employee Job Title:			7. FTE Status		8. Supervisor's Name	
9. Pay period work schedule: <i>(typical hours worked per day - two week period)</i>						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Sun	Mon	Tue	Wed	Thurs	Fri	Sat

**10. Type of Leave:**

- Due to the birth of a child, or placement of a child with you for adoption or foster care (includes birth and bonding)
- Due to a serious health condition for:
  - self  spouse  parent  child;  parent-in-law (WI only)  domestic partner (WI only)

**Name and Birth Date of the family member:** \_\_\_\_\_
- Due to a qualifying exigency arising out of the fact that your:
  - spouse  son or daughter  parent: is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Due to you being the:
  - spouse  son /daughter  parent  next of kin: of a covered service member with a serious injury or illness.

11. Leave Start Date	12. Leave End Date ( <i>Indicate "Intermittent" if not for a continuous leave</i> )
13. Briefly explain reason for leave request	
14. If you are eligible for FMLA coverage, indicate below how you wish for your time to be paid: <ul style="list-style-type: none"> <li><input type="checkbox"/> Unpaid time <input type="checkbox"/> Paid with PTO --- and/or --- <input type="checkbox"/> Paid with Sick Bank/ Extended Illness (if available)</li> </ul>	
15. If qualified for Short Term Disability see application form to indicate the amount of PTO/Sick Bank to be used for the <u>(first week)</u>	
16. <b>If not paid</b> Short Term Disability <u>or during Birth and Bonding Leave</u> ; amount of PTO/Sick bank you want to use each week: _____	
<p><b>**Please Note:</b> Your organization's FMLA policy may require the use of available PTO/Sick Bank/Extended Illness hours during your leave. Short term disability (paid at 66.67%) can be supplemented with PTO to achieve 100% payment</p>	
17. How would you like to be contacted by Leave Management Services prior to and throughout the duration of your leave? <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Work email</b> and/or <input type="checkbox"/> <b>My personal email address which is:</b> _____</li> </ul> <p>OR <input type="checkbox"/> Mail to Home address (<i>if no access to email</i>). Please be sure your home address is up to date in GHR prior to your leave.</p>	

18. Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_