



**LEAVE MANAGEMENT SERVICES**

135 S. Gibson St., Medford, WI 54451

E-mail: leavemanagementservices@aspirus.org

Phone: 715-748-8115

Fax: 715-748-8832

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

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

1. Employee Name	2. Date of Birth	3. Employee Number
4. Employee Address City State Zip	5. Phone Number	
6. Supervisor Name	7. Job Title	8. FTE Status

**Type of Leave:**

- Due to the birth of a child, or placement of a child with you for adoption or foster care.
- Due to a serious health condition for:  
 self  spouse  parent  child;  parent-in-law (WI only)  domestic partner (WI only)  
 Name of the person you will be caring for: \_\_\_\_\_
- 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.

9. Leave Start Date	10. Leave End Date (or Indicate "Intermittent" Leave instead of end date)
11. Briefly explain reason for leave request	
<p><b>12. If you are eligible for FMLA coverage only, do you wish for your time to be:</b></p> <input type="checkbox"/> Unpaid time <input type="checkbox"/> Paid with PTO/ Sick Bank/ Extended Illness. Indicate Amount of PTO to be used per week _____ Indicate amount of PTO to be used for STD elimination period if qualified: _____ Other: _____ <b>**Please Note:</b> Your organization's FMLA policy may require the use of available PTO hours during the waiting period for Short Term Disability/Sick Bank/Extended Illness benefits or during FMLA designated time.	
<p>13. How would you like to be contacted by Leave Management Services throughout the duration of your leave?</p> <input type="checkbox"/> Home address <input type="checkbox"/> Work email <input type="checkbox"/> Home email, please indicate your home email address: _____ _____ <i>*At the end of your leave, you will be asked to complete a customer satisfaction survey. Your feedback is important to us! The survey will be sent to you by the method in which you have indicated above.</i>	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_