Chippewa Falls Area Unified School District FMLA Request Form

Instructions for the employee: Complete the form and submit it to Human Resources. Once submitted, you will be notified whether the leave has been approved or not.

Employee Name	Employee's Position	Employee's Supervisor

I hereby request the following type of family leave:

- ☐ Birth of son or daughter. Anticipated date of birth:
- ☐ Placement of a child with me for adoption or foster care. Anticipated date of placement:
- ☐ Family leave to care for a spouse, son, daughter, or parent with a serious health condition. Family member's full name and relationship to you:
- ☐ Medical Leave for my serious health condition (specify):
- ☐ Servicemember Care
- ☐ Exigency Leave

FMLA Start Date	FMLA End Date	Days for Intermittent Leave

I would like to substitute the following time off, if applicable, during my family or medical leave:

Sick Leave Total Number Days/Hours:	Personal Day Total Number Days/Hours:	Vacation	Unpaid Days	Discretionary Days

HR will work with the employee to help determine what time off will be used during the leave. This table will help provide guidelines for what might be used.

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresenting or omitting the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and subject me to discipline up to and including termination.

Employee:
Supervisor:
Director of Human Resources:

The signature of the HR Director approves the leave, but does not approve the type of days off to be used during the leave.