

# County of Dane Employee Relations

## LEAVE OF ABSENCE FAMILY AND MEDICAL LEAVE ACT / REQUEST

EMPLOYEE RELATIONS	EMPLOYEE'S LEGAL NAME		PERSON CODE	CLASSIFICATION	
	ADDRESS		DEPARTMENT		POSITION NO.
	CITY, STATE, ZIP		HOME PHONE		BUSINESS PHONE
	IS YOUR SPOUSE A DANE COUNTY EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," NAME: _____				
	LAST DAY OF WORK	LAST DAY PAID FOR (Include all days of vacation, holiday or sick leave used.)	DATE EXPECTED BACK	EXTENSION DATES TO	
	PLEASE CHECK WHICH LEAVE YOU ARE REQUESTING BELOW. IF LEAVE IS REQUESTED FOR REASONS OF DISABILITY, ILLNESS/INJURY, OR PARENTAL, PLEASE COMPLETE THE HEALTH CARE CERTIFICATION FORM IN SUPPORT OF YOUR REQUEST. THE HEALTHCARE FORM MAY BE SUBMITTED SEPERATE FROM THE LEAVE OF ABSENCE FORM. PLEASE <b>DO NOT WRITE HEALTH CONDITIONS ON THIS LEAVE FORM.</b>				
	<b>PLEASE CHECK WHICH LEAVE YOU ARE REQUESTING BELOW:</b>				
	<input type="checkbox"/> <b>FMLA</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Voluntary Leave/Layoff</b></span> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Military (exigency leave)</b></span>				
	<input type="checkbox"/> <b>LOA</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Military (active duty)</b></span> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Military (caregiver leave)</b></span>				
	<input type="checkbox"/> <b>EFMLEA</b>				
NOTE: EMPLOYEES WHO ELECT TO CONTINUE GROUP INSURANCE COVERAGES WHILE ON LEAVE OF ABSENCE WITHOUT PAY AND WHO BECOME LIABLE FOR PAYMENT OF INSURANCE PREMIUMS, <u>MUST MAKE FULL PAYMENT</u> OF THE PREMIUM COST TO THE COUNTY CONTROLLER'S OFFICE BEFORE THE 10TH DAY OF THE MONTH PRIOR TO THE MONTH OF COVERAGE. (TELEPHONE 266-4081 FOR MORE DETAILS.) FOR EMPLOYEES WHO DO NOT ELECT TO CONTINUE THEIR COVERAGES, REINSTATEMENT MAY BE SUBJECT TO UNDERWRITING, EXCEPT IN THE CASE OF FMLA LEAVE. THE CONTROLLER'S OFFICE WILL BILL EMPLOYEES AS APPLICABLE.					
DO YOU WANT YOUR INSURANCE CONTINUED? <b>HEALTH:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>DENTAL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float: right;">COBRA RUNS CONCURRENTLY WITH THE LEAVE OF ABSENCE.</span>					
I UNDERSTAND MY RESIGNATION WILL BECOME EFFECTIVE IMMEDIATELY UPON MY FAILURE TO REPORT FOR WORK AT THE END OF MY LEAVE, UNLESS THE LEAVE IS OFFICIALLY EXTENDED. FOR MY OWN HEALTH CONDITION (EXCEPT, PARENTAL LEAVE), I WILL GIVE FOURTEEN (14) DAYS NOTICE OR AS MUCH NOTICE AS POSSIBLE TO EMPLOYEE RELATIONS BY PROVIDING THE RETURN TO WORK FORM.		<b>I HEREBY APPLY FOR LEAVE OF ABSENCE AND AGREE TO THE CONDITIONS STATED ON THIS FORM AND PER THE COUNTY'S LOA/FMLA POLICIES.</b>			
		EMPLOYEE'S SIGNATURE		DATE	
HOW WILL THIS PERSON'S WORK BE COVERED?					
WHAT OTHER LEAVES OF ABSENCE HAS THIS EMPLOYEE HAD IN THE LAST TWELVE MONTHS? WHEN?					
I AM AWARE OF THE PENDING ABSENCE		SUPERVISOR'S SIGNATURE		DATE	
LEAVE RECOMMENDED: (N/A if FMLA Leave) <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTMENT HEAD'S SIGNATURE		DATE	
ORIGINAL OR LEAVE EXTENSION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		HUMAN RESOURCES REPRESENTATIVE'S SIGNATURE		DATE	
REMARKS					
<input type="checkbox"/> <b>FMLA BLOCK APPROVED, <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID, DATES:</b> _____ <input type="checkbox"/> <b>FMLA INTERMITTENT APPROVED, <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID, DATES:</b> _____ <input type="checkbox"/> <b>COUNTY ORDINANCE LEAVE APPROVED, <input type="checkbox"/> PARENTAL <input type="checkbox"/> NON-PARENTAL, <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID, DATES:</b> _____ <input type="checkbox"/> <b>EMPLOYEE BENEFIT HANDBOOK LEAVE APPROVED, <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID, DATES:</b> _____ INTERMITTENT FMLA PARAMETERS: _____ x PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH, FOR _____ <input type="checkbox"/> HOURS <input type="checkbox"/> DAYS PER EPISODE.					
*FOR INTERMITTENT FMLA, WHEN CALLING IN, EMPLOYEES MUST DESIGNATE THEIR ABSENCE AS FMLA.					