

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

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 location and 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 ____ of a covered service member with a serious injury or illness
☐ spouse ☐ son /daughter ☐ parent ☐ next of kin

11. Leave Start Date	12. Leave End Date (or write "Intermittent" if not for a continuous leave)
13. Briefly explain reason for leave request	
14. If you are using " continuous " FMLA coverage, indicate below how you wish for your time to be paid: <input type="checkbox"/> Unpaid time <input type="checkbox"/> Paid with PTO <input type="checkbox"/> Paid with Sick Bank <input type="checkbox"/> Disability bank (ADS only)	
15. If qualified for Short Term Disability see Attending Provider Statement form to indicate the amount of PTO/Sick Bank to be used for the (first week) and if you would like to supplement 2/3rds pay for the remaining weeks with PTO.	
16. If not receiving Short Term Disability for example: <u>during Birth and Bonding or leave for a parent/child/spouse</u> indicate the amount of PTO/Sick bank you want to use each week _____	
17. How would you like to be contacted by Leave Management Services prior to and throughout the duration of your leave? <input type="checkbox"/> Work email <input type="checkbox"/> My personal email address which is: _____ (check your SPAM or JUNK mail for emails from leavesource-email@itimebank.com) <input type="checkbox"/> Mail to Home address	

18. Employee Signature: _____ Date: _____