UW-MADISON
OFFICE OF THE VICE CHANCELLOR FOR RESEARCH AND GRADUATE EDUCATION (OVCRGE)
EMPLOYEE FAMILY AND/OR MEDICAL LEAVE REQUEST

For completion by the EMPLOYEE

Employee Name (please print):

Employee Home Address:_____

_____
City State Zip

Home Phone #:	Work Phone #:
Email:	
Department:	Supervisor Name:
Work Address:	

Reason for Leave (Check all applicable; FMLA Certification Form required regardless of reason selected):

- ☐ Birth / Adoption / Pre-Adoptive Foster Care
- ☐ Foster Placement
- ☐ Employee's Own Serious Health Condition
- ☐ To Care for Family Member or Military Servicemember with Serious Health Condition*
- ☐ For a Qualifying Exigency due to the military active duty status or call to active duty status of a spouse, son, daughter, or parent

**When Family and Medical Leave is needed to care for a family member or servicemember, you must state the care you will provide and an estimate of the time period during which this care will be provided, including a schedule of intermittent leave or leave on a reduced work schedule, if requested.*

Anticipated Begin Date of Leave:

Anticipated End Date of Leave:

Anticipated Return to Work Date:

TYPE OF LEAVE NEEDED:

- ☐ Continuous
- ☐ Intermittent (Describe): _____
- ☐ Reduced Work Schedule (Describe): _____

SUBSTITUTION OF PAID LEAVE: Please indicate if you would like to use paid leave during your absence and how many hours you plan to use (to the extent provided by law). Attach a completed leave report if required.

- ☐ Vacation (____ hours)
- ☐ Sick Leave (____ hours)
- ☐ Personal/Floating Holiday (____ hours)
- ☐ Other: _____ (____ hours)
- ☐ Vacation Carryover (____ hours)
- ☐ Sabbatical/ALRA (____ hours)
- ☐ Comp. Time (____ hours)

LEAVE WITHOUT PAY (if applicable): _____ hours *(Leave Without Pay form required)*

I authorize the divisional disability representative (DDR) to obtain any necessary information regarding my request for family and medical leave.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

_____ _____
OVCRGE Center Signature Date

***Forward a copy of this form to: OVCRGE-Human Resources
307 Bascom, 500 Lincoln Drive
Attention: Julie Karpelenia or Julia Rielly