



LEAVE OF ABSENCE REQUEST FORM (Non-FMLA) HR 1500-A

Dept of Administration-Human Resources Division
Waukesha County Administration Center
515 W. Moreland Blvd.
Waukesha, WI 53188
Phone: 262-548-7044
Fax: 262-896-8272
HR@waukeshacounty.gov

The County provides a variety of leave options, in addition to FMLA, for regular full-time and regular part-time employees and qualifying temporary employees.

- Uniformed Services
- Extended Illness
- Personal
- Wisconsin Bone Marrow and Organ Donation
- Educational
- Conditional

Please refer to the County's Leave of Absence Policy 1500 for complete details and other information pertaining to these leave options.

Note: In addition to the above leave options, this Form may be used for Birth of Child/Adoption/Foster Care leaves wherein, to the best of an employee's knowledge, they are not eligible for WI and/or Federal FMLA.

INSTRUCTIONS:

1. Complete this Form in its entirety.
 - a. Follow any specific directions noted for the leave request.
 - b. Sign and date the Form.
 - c. Submit the Form, along with any required document(s), to your supervisor/department for processing.
2. Your supervisor/department will review the document(s) for completion and submit to the Human Resources Division where the request is reviewed for approval.
3. Human Resources will provide you and your supervisor/department with leave designation information.

If you have any questions or concerns regarding the County's leave options, or this request process, please do not hesitate to contact the Human Resources Division, Monday-Friday, 8:00 am to 4:30 pm, at 262-548-7044 or via email at HR@waukeshacounty.gov.



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TO BE COMPLETED BY THE EMPLOYEE – PLEASE PRINT CLEARLY

Name: _____ **Department:** _____
First and Last Name

Date of Hire: ____/____/____ **Indicate if you work:** Full-Time Part-Time Temporary/Seasonal

Supervisor Name and Title: _____/_____
First and Last Name Title

Email Address while on Leave: _____ **Phone while on Leave:** ____-____-____

Mailing Address: _____/_____/_____
Street Address City Zip

Date Leave Will Begin: ____/____/20 **Anticipated Return to Work Date:** ____/____/20
Month Day Year Month Day Year

CHECK APPROPRIATE LEAVE REQUEST:

- Birth of Child/Adoption/Foster Care;** to the best of my knowledge, I am not eligible for WI and/or Federal FMLA
- Uniformed Services Leave** – is considered an unpaid leave of absence; however, when on a Uniformed Services (UniSvc) Leave of less than 30 calendar days, an employee may substitute paid benefits.
Specific Directions: (1) attach your UniSvc leave documentation to this leave request form; the documentation must have your name on it, and (2) if your leave is less than 30 calendar days, indicate whether you wish to substitute paid benefits.
 I do not wish to substitute paid benefits I wish to substitute paid benefits; I will confer with my supervisor/department
- Extended Illness Leave** – is an unpaid leave of absence of up to 60 calendar days for an eligible employee who is unable to return to work because of an injury or illness and has used all paid benefit time including the maximum amount of leave allowed under Wisconsin and/or Federal FMLA. Leave will be reviewed on a case-by-case basis, shall not cause an undue hardship on departmental operations, and is subject to the approval of the department head and the Human Resources Manager. Extensions of time beyond the sixty (60) calendar day period may be granted at the discretion of the department and the Human Resources Manager, subject to individual circumstances.
Specific Direction: attach a fully completed Non-FMLA Health Care Provider Certification Form (HR-1500-I).
- Personal Leave** – is an unpaid leave of absence for an eligible employee who finds it necessary to conduct personal business, extend a vacation, or absent themselves from work for personal reasons; it is not intended for an employee's own serious health condition.
Specific Direction: indicate the reason for the leave _____.
- Wisconsin Bone Marrow and Organ Donation Leave** – provides up to 6 workweeks of leave to an eligible employee. The leave may be paid (substitution of paid benefits), unpaid, or a combination of paid (substitution of paid benefits) and unpaid, depending on the circumstances and as specified in the Leaves of Absence Policy 1500.
Specific Directions: (1) attach a fully completed Non-FMLA Health Care Provider Certification Form (HR-1500-I), and (2) indicate if you wish to substitute paid benefits or take unpaid.
 I do not wish to substitute paid benefits I wish to substitute paid benefits; I will confer with my supervisor/department
- Educational Leave** – is an unpaid leave of absence; may be granted for a period of up to 1 year for an employee wishing to further their education and return to school. Advancement in pay or job level is not guaranteed.
Specific Direction: on a separate sheet, describe the leave request; attach to this Form.
- Conditional Leave** – is an unpaid leave; it does not provide an employee with the right to return to any particular classification or department; certain employee benefits may be reinstated upon return to County employment.
Specific Direction: on a separate sheet, describe the leave request; attach to this Form.

I hereby certify the information provided is true and correct to the best of my knowledge. I understand misrepresentation of the reason for leave, or any of the facts supporting the need for leave, may result in denial of the leave and disciplinary action up to and including discharge.

_____/_____/20
Employee Signature Month Day Year

TO BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE

- Birth/Adoption/Foster Care, UniSvc, or WI Bone Marrow/Organ Donation: requisite forms have been reviewed & appear to be fully completed
- Extended Illness, Personal, Educational, or Conditional Leave: requisite forms have been reviewed, and the leave request is:
 Approved Denied; Reason: _____

_____/_____/20
Print Name Sign Month Day Year