



## Waukesha County

### FMLA and PWFA Intermittent Leave – Personal Certification (Acknowledgement of Absence) HR-1500-H, HR-4200-B

I, \_\_\_\_\_ certify my absence on \_\_\_\_\_  
Print Name Indicate Date(s) of Absence

as due to the reason stated in the Certification I submitted to the County on \_\_\_\_\_  
Indicate date FMLA submitted

in connection with my  Family Medical Leave or my  PWFA.

- FMLA only: I understand absence taken due to the condition(s) set forth in the Certification will be counted against my leave entitlement under WI and/or federal FMLA and the County's personnel policies.
- I also understand that providing false or misleading information about my absence related to FMLA or PWFA will result in disciplinary action, up to and including termination.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**Please return this Form to your supervisor/department.**