



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)
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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:

Unpaid time Paid with PTO Paid with Sick Bank 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: during Birth and Bonding or leave for a parent/child/spouse

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?

Work email My personal email address which is: _____

(check your SPAM or JUNK mail for emails from leavesource-email@itimebank.com)

Mail to Home address

18. Employee Signature: _____ Date: _____