

IOWA COUNTY

LEAVE REQUEST FORM

(INCLUDING BUT NOT LIMITED TO FMLA-QUALIFIED LEAVES)

Depending on the type of leave requested, additional forms may be required. Receipt by Iowa County of this form shall not be construed as acceptance of the representations contained herein or of approval of leave under any County policy or applicable law.

When an absence is foreseeable, this form must be completed prior to the requested time off and promptly filed with your supervisor and the Personnel Department, regardless of the cause of absence, for all absences greater than 3 consecutive days. Under federal FMLA regulations, when an employee plans to take leave under the County's FMLA Policy, the employee must give the County 30 days' notice. If it is not possible to give 30 days' notice the employee must give as much notice as is practicable. In instances where an absence is unforeseeable and you did not complete a form prior to being absent from work, you must mail it back to the County. If you will be returning to work the next day, you must present it on your return to work.

Failure to completely and promptly file this form with the Personnel Department may adversely affect employee rights under Iowa County policies and applicable law. Employees who knowingly make false statements on this form will be subject to discipline up to and including discharge.

EMPLOYEE NAME & DEPARTMENT: _____

REQUESTED DATES OF ABSENCE: _____

REVIEWED BY: _____ (Supervisor)

REASON FOR ABSENCE:

1. Personal Leave of Absence

Reason: _____

2. Sick/Medical Leave (Employee's Own Condition)

Yes No Does Employee contend that the absence is caused by medical condition or injury which arose at the workplace(i.e. covered by the Worker's Compensation Act)?

Yes No Does Employee contend that the absence is covered under the federal and/or state Family and Medical Leave Act provisions due to Employee's inability to perform an essential job function because of a "serious health condition"?

Yes No Does Employee contend that the absence is due to illness qualifying for leave under the County’s sick leave policy, but which does not meet the definition of serious health condition to qualify as medical leave, or is otherwise not covered by the state or federal Family Medical Leave Act?

NOTE: Please consult the Iowa County Family and Medical Leave Policy and/or appropriate posters for information respecting coverage. Specific questions can be directed to the Personnel Department.

3. Care for Family Member

Yes No Does Employee contend that the absence will occur for the purpose of caring for Employee’s covered family member who has a serious health condition pursuant to the federal and/or state Family and Medical Leave Acts, including FMLA Military Caregiver Leave?

Name of Individual Receiving Care from Employee: _____
Individual Receiving Care is Employee’s Covered Child Spouse Parent

4. Military *Exigency* Leave

Yes No Does Employee contend that the absence will occur as the result of Spouse, son or daughter, parent on active duty or called to active duty status in support of a contingency operation **as a member of the National Guard or Reserves?**

Name of covered military member and military unit: _____

NOTE: Please consult Iowa County’s Family and Medical Leave Policy and/or appropriate posters for information respecting coverage. Specific questions can be directed to the Personnel Department.

5. Yes No Leave for birth of son or daughter or to care for newborn child
OR

For the placement of a child for adoption or foster care

Name of Child (if known): _____

Date of Birth or Placement: _____

OR

Anticipated Birth or Placement Date: _____

6. Jury Duty Please attach a copy of jury commissioner subpoena and/or evidence of service.

7. Military Leave (For Employee) Please attach a copy of relevant military orders and/or other evidence of service.

8. () Bereavement Leave Name of Deceased: _____

9. () Vacation Will vacation time be used for a reason that would qualify for family or medical leave? () Yes () No If yes, please specify _____

10. () Other:

I hereby certify that the above responses provided by me are true. I understand that failure to return within three (3) working days following the expiration of leave of absence will be considered a resignation from Iowa County employment

Employee Signature

Date

(To be completed by the Personnel Department)

Has certification from Employee's or Employee's family member's health care provider been requested?

() Yes Date of Request: _____ () No