

HOW TO DETERMINE WHAT FORMS TO SUBMIT FOR AN FMLA LEAVE REQUEST

PLEASE REFERENCE THIS GUIDELINE WHEN YOU ARE NOT CERTAIN WHAT FORMS ARE REQUIRED FOR YOUR LEAVE REQUEST
or call the Benefits Specialist at x 9044 or email lkrug@mcpasd.k12.wi.us

NOTE TO EMPLOYEE CONSIDERING FAMILY AND/OR MEDICAL LEAVE

This is a supplement to the "Federal and Wisconsin Family and Medical Leave Laws – Employee Guide and Notice of Rights. Please review the Guide and Notice of Rights before completing the forms contained in this booklet.

Forms required for **ALL FMLA** requests:

- **Employee Leave Request Form** - pg 5 of packet
- **Physician's Release to Work Following Employee's Serious Illness/Injury** – completed by physician to release employee back to employment with no restrictions or with recommendations for limitations - pg 15 of packet

Forms required, **based on circumstance of leave:**

MEDICAL NEED

- page 6 of packet → **Physician's Certification of Short-Term Illness** (For ~~Illness~~ **EMPLOYEE'S** (not to be used for family member illnesses) Exceeding Three Consecutive Days but Not Expected to Exceed 10 days) – completed by attending physician
- pgs 7 through 10 of packet → **Physician's Certification of Employee's Serious Illness** – completed by both employee and attending physician This would generally be the form to use for an employee's maternity leave, planned or unplanned medical leave for self, etc...
- pgs 11 through 14 of packet → **Physician's Certification of Family Member's Serious Illness** – completed by both employee and family member's attending physician This would be the form to use when you have a family member you need to attend to due to a serious or ongoing medical illness or condition

MILITARY NEED

- pgs 18 through 20 of packet → **Certification of Qualifying Exigency for Military Family Leave** – completed by employee
- pgs 21 through 24 of packet → **Certification of Serious Illness or Injury of a Covered Service Member for Military Family Leave** – Completed by both the employee and/or covered service member and by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider