

# Sauk Prairie School District



440 13<sup>th</sup> Street  
Prairie du Sac, WI 53578  
Phone: 608-643-5990  
Fax: 608-643-6216

## Family and Medical Leave Request

Employee Name: \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law s.15.04(1)(m)].  
Reason and Amount of Leave Request for:

- Birth, adoption or foster care placement of employee's child.  
Expected delivery or placement date: \_\_\_\_\_
- A serious health condition of (please indicate which one of the following):  
Spouse's name: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
Parent's name: \_\_\_\_\_
- My own serious health condition.

Date leave will begin: \_\_\_\_\_ Expected return date: \_\_\_\_\_

- Note:
1. If you are unable to return on the date noted above, you must notify the employer prior to that date.
  2. These days will be deducted from accumulated sick leave for leave taken under the federal family and medical leave act.
  3. If you are requesting intermittent leave, please attach a proposed schedule.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Today's Date