



ENOSHA

Division of Personnel Services
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TO: All County Employees
FROM: Diane Yule, Assistant Personnel Director
DATE: May 6, 2008
SUBJECT: **Revised** Family and Medical Leave Forms

Attached please find Family and Medical Leave forms. You must complete these forms when requesting leave under the County's Family and Medical Leave Policy. You must also complete these forms periodically for chronic, or permanent conditions.

When you wish to request leave for your serious health condition, you must initially complete and submit pages 1, 2 and 7 of the form to the Division of Personnel. Pages 9 and 10 contain your Family and Medical Leave Policy Notice of Rights. These pages should be detached and retained for your records before submitting the forms. Your Health Care Provider must complete pages 3, 4, and 5. Additionally, the Health Care Provider must sign and date the bottom of page 6. These pages must be submitted to the Division of Personnel as soon as possible. When you plan to return to work, you must have your Health Care Provider complete page 8 to certify that he/she is able to return to work.

Family and Medical Leave runs concurrently with the Accident and Sickness pay benefit.

When requesting leave to care for a child, spouse, parent or parent-in-law (State only), you must initially complete and submit pages 1, 2 and 7 to the Division of Personnel. Pages 9 and 10 contain your Family and Medical Leave Policy Notice of Rights. These pages should be detached and retained for your records before submitting the forms. The patient's Health Care Provider must complete pages 3, 4, and 6. These pages must be submitted to the Division of Personnel as soon as possible.

The Family and Medical Leave Act provides for unpaid job protected leave for which the County may not interfere with, restrain, or deny the exercise of any rights provided to the employee under the act. If you have any questions or concerns regarding the Family and Medical Leave Act policy or your request, please contact me at 653-2569.