City of De Pere
Application for (FMLA)

Instructions: The employee should complete Section I, have your supervisor sign, keep copy for your records and submit to the Human Resources Office. The employee should also fill out the attached calendar noting the days of their requested leave. Must be completed 30 days in advance of planned medical leave or as soon as practical for unforeseen medical leave. HR will forward copies of this form to the employee, employee's supervisor, and payroll once the form is signed by the Human Resources Generalist or designee.

Section I – Completed By Employee

Employee Name _____ Department _____

Reason For Requesting Leave:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☐ Your own serious health condition;
- ☐ Because you are needed to care for your:
  ___child; ___spouse; ___qualifying domestic partner; ___parent; ___ parent-in-law
- ☐ Because of a qualifying exigency arising out of the fact that your ___spouse; ___son or daughter; ___parent is on regular active duty service or called to active duty status in support of a contingency operation as a member of the armed forces.
- ☐ Because you are the ___spouse; ___son or daughter; ___parent; ___next of kin of a covered service member with a serious injury or illness.

Anticipated First Date of Leave_____ Anticipated First Day Back To Work _____

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Section II – Completed by Human Resources

____ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave. The FMLA requires that you notify us as soon as practical if dates of scheduled leave change or are extended. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

____ Provided there is no deviation from your anticipated leave schedule, as of the below signed date, the following days/hours will be counted against your leave entitlement_____. (If leave dates are changed, you must notify HR in advance.)

____ Your leave schedule has been adjusted as follows:

As of _____ the following days/hours will be counted against your FMLA leave entitlement _____. HR Generalist Initials _____

As of _____ the following days/hours will be counted against your FMLA leave entitlement _____. HR Generalist Initials _____

As of _____ the following days/hours will be counted against your FMLA leave entitlement _____. HR Generalist Initials _____

____ Because the leave you will need will be unscheduled, it is not possible to provide the days/hours that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period.

____ You will be required to present a Fitness for Duty certificate to your supervisor to be returned to employment. If such certification is not timely received, your return-to-work date may be delayed.

By: _____ Date _____

Human Resources Generalist

Cc: Payroll and Supervisor _____Notice of Eligibility Packet Sent

2025 Calendar
FMLA

Employee Name:_____

First Day Back at Work: _____

Please provide your work schedule (i.e. M-Th 10 hr days; B Shfit; 6/3 rotation etc.) then on the calendar below mark the scheduled work days you will be absent: X = Scheduled.

_____

Please note here if any of the days marked below will be less than full days absent:

_____

January

S	M	T	W	T	F	S	#
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

Total Work Days Absent: _____

February

S	M	T	W	T	F	S	#
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28		

Total Work Days Absent: _____

March

S	M	T	W	T	F	S	#
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

Total Work Days Absent: _____

April

S	M	T	W	T	F	S	#
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

Total Work Days Absent: _____

May

S	M	T	W	T	F	S	#
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

Total Work Days Absent: _____

June

S	M	T	W	T	F	S	#
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

Total Work Days Absent: _____

July

S	M	T	W	T	F	S	#
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

Total Work Days Absent: _____

August

S	M	T	W	T	F	S	#
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

Total Work Days Absent: _____

September

S	M	T	W	T	F	S	#
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

Total Work Days Absent: _____

October

S	M	T	W	T	F	S	#
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

Total Work Days Absent: _____

November

S	M	T	W	T	F	S	#
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30							

Total Work Days Absent: _____

December

S	M	T	W	T	F	S	#
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

Total Work Days Absent: _____

We Want to Help

- Need to talk to someone?
- Need a lawyer?
- Challenging children?
- Communication problems?
- Need help budgeting?
- Concerned about drinking too much?
- Looking for information on schools?
- Can't sleep because of worry?
- Have a legal question?
- Problems at school?
- Struggling with a challenging relationship?
- Planning for retirement?
- Feeling down?
- Elder care concerns?
- Feeling stressed?
- Marriage in trouble?
- Interested in adoption?
- Planning for college?
- Have a mediation question?
- Struggling with depression?
- Feeling anxious?
- Substance abuse concerns?

The Advocate Aurora EAP is a free benefit for all employees and their immediate household members. Sessions with EAP counselors are confidential as specified by state and federal law.

Access EAP services by calling **1-800-236-3231**
Call 24/7 to speak with an EAP counselor
Visit our website at www.aah.org/eap

AdvocateAuroraHealth™
Employee Assistance Program