

## Cooperative Extension Faculty and Academic Staff Request Form for Family Leave

**Instructions:** There are two kinds of leave that employees may take, namely, family and medical. (See the "Employee Policies" section of the HR web site for examples.) Paid leave in the form of vacation, sick leave, personal or floating holidays may be used to cover these work absences. Unpaid leave may also be taken. Use this form to request family leaves that are more than three consecutive days in length. Due to the unanticipated nature of many medical leaves, no request form is required. Instead, you are expected to communicate with your supervisor, administrator or administrative lead as soon as possible so that the need can be documented.

**FORWARD THIS FORM TO THE COOPERATIVE EXTENSION HUMAN RESOURCES OFFICE  
UPON COMPLETION**

EMPLOYEE MAKING REQUEST: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK UNIT: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**Part One: PAID FAMILY LEAVE** I am planning to take paid family leave as indicated below: (will use paid sick leave, vacation, personal holidays, floating holidays, etc.)

	ACCRUED VACATION DAYS TO BE USED	ACCRUED SICK LEAVE DAYS TO BE USED	ACCRUED OTHER DAYS TO BE USED (SPECIFY TYPE)
First day of paid leave:			
Last day of paid leave:			

**NOTE:** In some instances, you may not know the exact dates that you will be taking family leave. Do your best to estimate the dates and the kind of leave that you will be using. Please submit an updated form or notify your office once you know the actual dates and/or kind of leave used.

**Part Two: UNPAID FAMILY LEAVE** I am planning to take unpaid leave as indicated below. I realize that taking unpaid leave for an extended period of time may impact my eligibility for benefits. (Contact the UWEX Benefits Office for more information. 608.262.4857)

First day of unpaid leave:	Last day of unpaid leave:
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**Part Three: REQUEST TO EXTEND UNPAID FAMILY LEAVE (beyond the 6 month period that is guaranteed by UWEX's Family Leave policy) (must be approved in advance by the Dean's Office)**

New extended ending date	Reasons extension is needed:
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Requestor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept/Unit Head signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Director signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(this signature only needed for county-based positions)

State Program Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(this signature only needed for campus-based program area positions)

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Dean signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(this signature only needed for Part Three: Requests to Extend Unpaid Family Leave)