



DEPARTMENT OF EMPLOYEE RELATIONS

Revised: 7/12/2022

CITY OF MILWAUKEE FMLA PAYROLL FORM FOR MILITARY CAREGIVER AND EXIGENCY LEAVE

Under the Federal FMLA

Please complete this form for each instance of leave used and provide to your departmental FMLA administrator or other designated employee. A new payroll form is to be completed for each pay period in which FMLA leave is utilized, or for each period of continuous leave beyond one pay period. You will be notified if your leave is denied or if new documentation is required. For FMLA leave related to the employee's serious health condition, care of a family member with a serious health condition or birth/placement of a child, please complete and submit the City of Milwaukee FMLA Payroll Form.

EMPLOYEE INFORMATION

Name:	PeopleSoft ID #:
Department:	E-Mail:
Division:	Home Phone: ()
Job Title:	Mobile Phone: ()

TYPE OF LEAVE

- Military Family Leave to Care for a Covered Service Member with a Serious Health Condition
Name of Service Member: _____ Relationship to Employee: _____
- Military Family Leave Exigency Leave
Name of Service Member: _____ Relationship to Employee: _____

LEAVE USAGE

- I utilized/will utilize scheduled leave on a continuous basis from:
Dates of leave: _____
- I utilized/will utilize scheduled leave for a reduced schedule on:
Dates of leave: _____
- I utilized/will utilize scheduled leave for scheduled appointments on:
Dates of leave: _____
- I utilized/will utilize leave for unforeseen episodes (i.e. flare-ups or other unexpected need) on:
Dates of leave: _____

AMOUNT OF LEAVE REQUESTED

		<i>Sick Leave 243</i>	<i>Vacation 242</i>	<i>Holiday 245</i>	<i>TVA 254</i>	<i>SLCIP 262</i>	<i>Comp Time 266</i>	<i>Unpaid 299</i>
Dates	From:							
	To:							
Total Hours:								

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given 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 may result in denial of the leave and disciplinary action up to and including discharge:

--	--

Employee Signature

Date

- Reviewed by FMLA Administrator on _____
- Reviewed by Supervisor on _____
- Payroll File