



DEPARTMENT OF EMPLOYEE RELATIONS

Revised 6.21.22

ACCRUED TIME-OFF DONOR PROGRAM APPLICATION

EMPLOYEE

I, \_\_\_\_\_, hereby request authorization to participate in the Accrued Time Off-Donor Program, established by MCO 350-45, due to a serious health condition as defined under the federal Family and Medical Leave Act (FMLA) as certified in the attached certification form completed by my/my family member's healthcare provider or the physician's statement below. I understand that the City of Milwaukee reserves the right to require me to obtain, at my own expense if not covered by the health insurance provider, a second opinion from a physician of my choice as to the nature of the physician's diagnosis and prognosis contained in the physician's statement below.

Employee Signature

Date of Birth

Employee ID Number

Date Signed

PHYSICIAN'S

This is to certify that (employee/immediate family member) \_\_\_\_\_ has been under my professional care for this condition since (date) \_\_\_\_\_. It is my medical opinion that they has a serious health condition as defined under federal FMLA. The diagnosis and resulting prognosis for this condition is:

DIAGNOSIS:

PROGNOSIS:

Physician's Signature:

Date:

Physician's Name (please print):

Phone:

FOR DER USE ONLY: [ ] Approved [ ] Denied

DER Director or designee

Date

We are asking that you not provide any genetic information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically defined by GINA.

RETURN THE COMPLETED ORIGINAL FORM TO:

Leave Administration Coordinator

City of Milwaukee, Department of Employee Relations City Hall, 200 E. Wells St, Room 706 Milwaukee WI 53202-3515