

Information Regarding the Wisconsin Family and Medical Leave Act

Wisconsin Family and Medical Leave Act (WFMLA):

Under WFMLA, an eligible employee may take no more than six (6) weeks of unpaid, job-protected leave for the birth or adoption of the employee's child, no more than two (2) weeks of unpaid, job-protected leave for the care of a family member with a serious health condition and no more than two (2) weeks of unpaid, job-protected leave for the employee's own serious health condition in a calendar year. When applicable, WFMLA leave may run concurrently with FMLA leave.

You may use accrued paid leave while out on leave.

Reasons for Taking Leave – Birth or Adoption

You may take up to six (6) weeks of unpaid leave for any of the following reasons:

- The birth of the your natural child, if the leave begins within sixteen (16) weeks of the child's birth; or
- The placement of a child with you for adoption or as a precondition to adoption, but not both, if the leave begins within sixteen (16) weeks of the child's placement.

Reasons for Taking Leave – Family Leave

- You may take up to two (2) weeks of unpaid leave to care for your child, spouse, domestic partner, or parent with a serious health condition.
- In a twelve (12) month period, you may not take more than eight (8) weeks of combined family and birth or adoption leave.

Reasons for Taking Leave – Medical Leave

- You may take up to two (2) weeks of unpaid leave for your own serious health condition.
- In a twelve (12) month period, you may not take more than two (2) weeks of medical leave.

Advance Notice

- If the leave is foreseeable, you may be required to provide advanced notice of the leave.

Medical Certification

- You are required to provide a medical certification that verifies your need for leave.
- If you are eligible for both FMLA and WFMLA leaves, one complete and sufficient medical certification will suffice for both.

Job and Benefits Protection

- You are entitled to group health benefits under the conditions that applied immediately before your leave began.
 - Your employer may require you to have in escrow with your employer an amount equal to the entire premium or similar expense for eight (8) weeks of your group health insurance coverage.
 - You may pay the premium amount in equal installments at regular intervals over at least a twelve (12)-month period.
 - Your employer shall return to you any payments made, plus interest, when you end your employment with your employer.