



ILLNESS LEAVE REQUEST

New Extension

Name (print) _____

Employee ID# _____ Telephone # _____

Home Address _____
Street

City _____ State _____ Zip _____

Position/School _____ Grade/Subject Taught _____

Supervisor/Principal _____

For health reasons, I request a leave of absence:

beginning _____ and ending on _____

I enclose a statement from my personal physician concerning the nature and duration of my illness.

Signature of Employee

Date

To expedite the processing of your illness leave request, complete this form, attach a statement from your physician, and return to: **Leave Administrator**, Office of Human Resources, Employee Rights Administration Division, Room 128 Central Services Building, P.O. Box 2181, Milwaukee, WI 53201-2181.

As a general rule, your accrued sick leave will be charged to cover an approved Illness Leave.

*If you are in need of an illness leave, you are strongly encouraged to request leave under the Family and Medical Leave Act (FMLA). FMLA leave can provide continued insurance benefits and protect your absences. You can request FMLA leave by contacting CareWorks at 1-844-263-3120.