



Dane County Request for Caregiver Leave

Employee's Name and ID #: _____

Employee's Department: _____

Employee's Anticipated Use of Caregiver Leave:

Acknowledgements:

1. Please read the Caregiver Leave policy in the Administrative Practices Manual.
2. I understand that a Leave of Absence Request must accompany this form. I understand that if I am eligible for FMLA, then I must submit an application for FMLA.
3. I understand that I must provide appropriate and timely documentation with the Leave of Absence request.
4. Employees of Badger Prairie, Sheriff's Office, and Public Safety Communications (9-1-1) require a supervisor's approval to use Caregiver Leave on a part-time or intermittent basis.

Employee's Signature: _____

Date: _____

Supervisor's Approval: _____

Employee please sign and submit to your supervisor.

Supervisors please submit to Felix EggI in Employee Relations: Eggl.felix@countyofdane.com