



FMLA/Short Term Disability Payroll Questionnaire

For employees on continuous leave.

PART A COMPLETED BY PAYROLL:

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

WI FMLA: From: \_\_\_\_\_ To: \_\_\_\_\_

FED FMLA: From: \_\_\_\_\_ To: \_\_\_\_\_

PART B TO BE COMPLETED BY EMPLOYEE:

While taking leave, an employee is covered under:

- WI FMLA – you have the OPTION to use paid time off/accruals; and
• FEDERAL FMLA – you do not have an option; you MUST use paid time off/accruals.

Do you want to use paid time off/accruals during the time covered under WI FMLA?

[ ] YES or [ ] NO

Please designate the order in which you would like to use your leave. If this section is not completed, we will take them in the order they are listed. (Banked sick can only be used if out for your own health condition)

[ ] Casual [ ] Banked Sick [ ] Floating Holiday [ ] Vacation Time [ ] Comp Time

If clarification is needed, payroll may need to contact you during your leave of absence. Please provide the form of communication you prefer.

Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Employees are required to notify payroll of their return from a leave of absence. Please contact payroll via email at Kronos@racinecounty.com. Failure to notify payroll may result in a potential overpayment. Overpayments will be collected through the payroll process.

Employee Signature

Date

Typed in name will qualify as electronic signature. Email completed form to kronos@racinecounty.com

A copy of the completed form will be sent to your supervisor.