

WISCONSIN STATE LEGISLATURE COVID-19 PAID EMERGENCY FMLA FORM

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Email _____

I am applying for:

COVID-19 PAID EMERGENCY FMLA* (*Pay Rate: Two-thirds of employee's regular pay rate, subject to salary cap*)

Please briefly state the reason for the leave:

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*Employees may not use more than 480 total hours of COVID-19 Paid Emergency FMLA (part-time employees will receive prorated leave hours).

Please list all dates/hour(s) you will be utilizing the leave checked above:

Employee

Signature & Date _____

(NOTE: Electronic signatures will be accepted, as necessary)

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