

Policy #: 532.43

## SCHOOL DISTRICT OF WEBSTER

Date Adopted: September 17, 2018

Date Revised:

Policy Title: Family and Medical Leave: Certification of Eligible Domestic Partnership Under the Wisconsin FMLA

### FAMILY AND MEDICAL LEAVE:

#### CERTIFICATION OF ELIGIBLE DOMESTIC PARTNERSHIP UNDER THE WISCONSIN FMLA (section 103.10 of the state statutes)

Please direct any questions about this form to the District Office.

SECTION 1	
<p>Employees who are eligible for leave under the Wisconsin FMLA (WFMLA) are allowed to take up to two (2) weeks of WFMLA leave in any calendar year to care for a domestic partner, or for a domestic partner's parent, who has a serious health condition.</p> <p>To qualify to take WFMLA leave under these provisions, an eligible employee must satisfy one of the two following requirements: <i>(Please check the box (if any) that applies to your domestic partnership.)</i></p> <ul style="list-style-type: none"><li>I have a <b>registered domestic partnership</b> with the Register of Deeds in _____ County, Wisconsin, pursuant to Chapter 770 of the state statutes.</li><li>I am in an <b>unregistered domestic partnership</b>, but the individual named in Section 2, below, qualifies as my "domestic partner" as defined in section 40.02(21c) of the state statutes, including any Department of Employee Trust Funds affidavit requirement that may apply pursuant to section 40.02(21d).</li></ul> <p><i>Note: 2017 Wisconsin Act 59 appears to have affected the WFMLA's definition of "domestic partner" by amending Chapters 40 and 770 of the state statutes. School districts should monitor future guidance from the Department of Workforce Development regarding the application of Act 59 to any request for WFMLA leave that relates to a domestic partner. It is possible that, following Act 59, only certain "grandfathered" domestic partnerships will satisfy the WFMLA's definition of "domestic partner."</i></p>	
SECTION 2 (Employee certification and signature)	
<p>By signing this form, below, I certify that _____ <i>(name of domestic partner)</i> is my domestic partner, as further defined by state law and as I have further declared in Section 1 of this form, above. My request for, or notice of a need for, leave under the WFMLA relates to the domestic partner who I have identified on this form. I also certify that the information provided on this form is true and accurate to the best of my knowledge.</p>	
<b>Employee Signature:</b>	<b>Date of Signature:</b>
<p><b>RETURN THIS FORM TO THE DISTRICT OFFICE:</b> <i>Both state and federal law provide that the employee requesting family and medical leave has an obligation to provide reasonable advance notice to management, when practicable, of the nature and extent of any leave requested. In any event, employees will always have a duty to cooperate with management in arranging and processing leave requests under the state and federal laws to avoid undue disruption of the employer's operations. The employer requests that 30 days advance notice be provided whenever possible.</i></p>	
DISTRICT OFFICE USE ONLY:	
<b>Received By (name of leave administrator/designee):</b>	<b>Date Received:</b>