

# Milwaukee County FMLA/STD Payroll Supplement

To be completed by Employee and returned to: [centralpayroll@milwaukeecountywi.gov](mailto:centralpayroll@milwaukeecountywi.gov)

**Please Note:** This supplement is only used to show how you want your *WI FMLA time paid*. Use Voya's phone system or website to report time off and follow your department's policy for reporting time away each time you miss work. See your FMLA approval letter for more information on how to report your time.

When you are approved for WI FMLA, you can choose how you want your accrued paid time to cover your leave. Once you use up your approved WI FMLA, the remainder of your approved leave is covered by federal FMLA policy. In accordance with federal policy, paid time will then be substituted in this order until each category is exhausted:

1. Sick
2. Vacation
3. Personal
4. Comp (\*only if employee chooses to use it and after the previous three categories are used up), and
5. Holiday. Any remaining approved federal FMLA time off will be unpaid.

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Clock Number: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

If you are approved for WI FMLA, please indicate the number of hours you want recorded under the following:

Sick:

Vacation:

Personal:

Comp/OT:

Accrued Holiday:

Without Pay:

\*Please note: Employees can only choose how their time will be used while on WI FMLA. Once WI FMLA time is exhausted, federal leave substitution rules are applied to the remaining approved time. Sick time cannot be used for bonding under Federal leave. An employee may choose if they want overtime used while on Federal FMLA.

I choose to use my Accrued OT during my Federal FMLA:

Single Block of Time: Requested Start Date: \_\_\_\_\_ Requested End date: \_\_\_\_\_

Intermittent date(s): \_\_\_\_\_

Employee is not working overtime due to FMLA on this date	Number of Hours	Missed scheduled overtime due to need for FMLA	If yes, number of overtime hours not worked

Employee will be applying for Short Term Disability: \_\_\_\_\_ If Yes, date employee will be applying for Short Term Disability: \_\_\_\_\_

You can choose to use accrued time during the seven day STD waiting period. Note that if you have accrued time available it will be used to supplement your STD payment so you will receive full pay.

Employee Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_ Date: \_\_\_\_\_