

Grant County FMLA Forms

[Employee Request Form](#)

[Certification of Domestic Partnership \(for Wisconsin FMLA\)](#)

Certification of Health Care Provider for:

[Employee's Own Medical Condition](#)

[Family Member's Medical Condition](#)

[Qualifying Exigency for Military Family Leave](#)

[Serious Injury or Illness of Covered Servicemember for Military Family Leave](#)

[Serious Injury or Illness of a Veteran for Military Caregiver Leave](#)

[Fitness-For-Duty Certificate](#)