

Leave of Absence Request Form

Instructions: You must complete and submit this form to your Supervisor if you are going to miss work for medical or for any of the leave reasons below. Once your Supervisor has signed your request, submit this form to Shelly Janson at the Administration Building (4307 Ugstad Rd., Hermantown, MN 55811 P: 218-729-9313; F: 218-729-9315; E-mail: sjanson@isd700.org)

Employee Name: _____ Employ ID#: _____

Position: _____ Work Location: _____ Supervisor _____

Type of Leave (please circle one): Continuous Intermittent Reduced Schedule:

Requested Leave Dates: Start: _____ End: _____ Return to Work: _____

Medical Leave

- Employee Medical (employee's own serious health condition) Provide WH-380-E Form (CHCP)
- Family Medical (for serious health condition of spouse, son/daughter under age 18 or disabled, parent, member of household). Provide WH-380 F form. Employees may be required to use accumulated sick leave during a medical leave. If you would like to apply accumulated vacation time, please indicate the number of hours you'd like to use: _____
- I have sent/faxed form WH-380-E or WH-380-F to the Payroll/Benefits Coordinator
- I have NOT sent form WH-380-E or WH-380-F but will do so when it is completed by the physician

Parental Leave

- Birth of a Child: Attach a physician's statement, including expected due date and period of incapacity.
- Bonding Leave: Attach physician's statement or a copy of the birth certificate
Provide the number of days _____ (refer to labor agreement for details)
- Placement of child through adoption or foster care. Attach adoption or placement verification court order. Provide the placement date _____ (refer to your labor agreement for details).

Employees may be required to use accumulated sick leave during a parental leave. If you would like to apply vacation, please indicate the number of days: _____ (refer to your labor agreement)

Other Leave

- Jury Duty: Attach a copy of summons or subpoenaed witness
- Worker's Compensation: Claim # _____ Paid (leave used for 1/3 day: _____ Unpaid (WC received only) _____
- Military: Attach a copy of orders
- General: Non-compensatory (Attach explanation of leave)
- Administrative: Superintendent decision. Description _____

I certify that the leave requested above is for the purpose(s) indicated. I understand that I must comply with my Labor Agreement and/or District Policy regarding eligibility and procedures for a leave of absence and this request is subject to Superintendent Approval. It is my responsibility to record time off in the Aesop system and to request a substitute, if needed, through the customary process.

Employee Name _____ Signature _____ Date _____

Supervisor Name _____ Signature _____ Date _____

For administrative use: Date received _____ (Copies to Payroll, Personnel File, Employee)

_____ Approved FMLA _____ Approved Non-FMLA _____ Denied _____ More information needed