

Please complete this form and submit it to the HR Department at District Office. Employee must enter requested leave in AESOP or Skyward.

### Section 1

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employee: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Building: \_\_\_\_\_ Substitute: \_\_\_\_\_

#### FMLA Eligible Employees:

- Have worked for the employer for at least 12 months
- Have at least 1,250 hours of service for the employer during the 12-month period immediately preceding the leave
- Work at a location where the employer has at least 50 employees within 75 miles

### Section 2

This leave is for:

Birth/Adoption/Foster Care of a child  
 Call to active duty of qualifying exigency  
 Care of injured service member  
 Serious health condition of self

Serious health condition of family member

Select one of the following:

Child                      Spouse  
 Parent                     Next of Kin Service Member

### Section 3

Type of leave:                      Family                      Medical                      Military                      Parenting

Anticipated Start Date:                      Anticipated Return Date:

Will this leave be taken in an intermittent / reduced schedule (ex: work two days / week)?                      Yes                      No

Please describe the reason/type of leave requested:

*If FMLA or Medical Leave is approved, you will be required to use available allocations with the exception of 5 sick leave days.*

Please provide the number of days you would like to use:

Sick Days                      Personal Days                      Vacation Days

Will any portion of your leave be unpaid?                      Yes                      No

If so, would you prefer lump sum deduction or deduction spread out over the course of your leave?                      Lump Sum                      Spread Out

If spread out, please indicate over how many pay periods:

*To discuss deduction options, please contact Payroll at 507-460-1905.*

*If you have any questions regarding FMLA, please contact HR Assistant Jamie Norton at 507-460-1910.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by HR \_\_\_\_\_ Date \_\_\_\_\_ Approved by School Board \_\_\_\_\_ Date \_\_\_\_\_