



Extend or Return from Leave of Absence Request

Employee Name: _____ Employee Home Phone: _____

Position: _____ Work Location: _____ Supervisor: _____

Note: Licensed employees must notify Human Resources BY MARCH 1 of the school year preceeding the school year in which you are returning from leave. For 3 to 5 year extended leaves under Minnesota state statute 122a.46 the deadline is BY FEBUARY 1.

Change/Extend Leave

- I am requesting to change my leave (Please check 1 box)
 - Child Care Leave to Personal Leave
 - Medical to Personal Leave
 - FMLA to Non-FLMA Medical Leave
 - Immediate Family Illness to Personal Leave
 - Worker’s Comp to Personal
 - Workers Comp to Medical Leave
 - Other: _____

I am requesting to extend/change my leave:
I am requesting to extend/change my leave of absence type starting on _____. My current leave is scheduled to end on _____.

Returning from Leave

- I am requesting to return from my leave of absence on the agreed upon date of _____.
- For medical leaves, I am also submitting medical documentation as required and contacted my supervisor about returning.
- I am requesting to return from my leave earlier than agreed upon. New date requested for return: _____.

I certify that the leave requested above is for the purpose(s) indicated. I understand that I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. I understand that my signature on this form constitutes my knowledge and understanding of the requirements of the leave type I have requested.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Signature: _____ Date: _____