

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, to discuss deduction options that may be available, 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 _____