



**EMPLOYEE LEAVE OF ABSENCE (LOA) REQUEST FORM**

To be completed by employee and then given to supervisor  
(or supervisor completes document for an unexpected LOA)

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Position/Building/Department: \_\_\_\_\_

Reason/type of leave: \_\_\_\_\_

Date leave to begin: \_\_\_\_\_ Anticipated leave end date: \_\_\_\_\_

**Absent 5 days or more:** Complete form. Attach a note from your physician indicating date of surgery/injury/illness/delivery, and expected period of recovery or expected date of return to work.

**Absent 10 days or more:** Complete form. LOA will be Board approved. If a medical LOA, employee must submit physician's certification of ability to return to work without restrictions (not needed for normal child delivery if return to work is at least six weeks post partum. Any restrictions should be listed and a determination will be made as to whether or not restrictions can be accommodated. A job description will be provided to physician upon request. There may be other circumstances when a doctor's note or return to work slip is required.

Please indicate number of sick, personal and/or vacation days that you wish to use during your period of absence (please see union contract for specific limitations):

Sick leave _____	indicate # of days to use or indicate all available
Personal leave _____	indicate # of days to use or indicate all available
Vacation _____	indicate # of days to use or indicate all available
Family Leave Days _____	indicate # of days to use or indicate all available

Group insurance benefits: Please contact Human Resources at 651-457-9473 to discuss your insurance options.

Other employee comments: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date

**For Human Resources/Payroll Use:**

- Form received in Human Resources
- Received initial physician's certification (attach)
- Time off usage verified:  
      \_\_\_\_\_ # sick days will use    \_\_\_\_\_ # personal days will use    \_\_\_\_\_ # of vacation dates will use
- Process through School Board \_\_\_\_\_ date
- Notified Payroll via personnel action form
- Received return to work authorization or  NA
- Verification of actual return to work date which is \_\_\_\_\_

Comments \_\_\_\_\_