

Request for Leave of Absence

PLEASE COMPLETE AND SUBMIT THIS FORM TO CSOJ@GSL.K12.MN.US

EMPLOYEE INFORMATION			
Employee Name			
Home Address		City	State Zip
Job Title/ Department/Building		Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL	
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:		Anticipated Return Date:	
TYPE OF LEAVE			
<input type="checkbox"/> Consecutive Leave of Absence		<input type="checkbox"/> Intermittent Absence (information required below)	
<i>For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</i>			
REASON(S) FOR LEAVE			
Please indicate the applicable reason(s) for your leave below.			
Medical Leave - Employees Own Serious Health Condition (not work related)* <i>For Maternity Leave & Childcare Leave - notify 3 months prior to anticipated date Provide expected Date of Birth or Placement of Child:</i>			
Medical Leave - Care for Ill Parent, Spouse, Child or Domestic Partner*			
* For leaves due to your Own or a Family Member's Serious Health Condition, a Medical Certification form is required.			
<input type="checkbox"/> A completed Medical Certification form is attached.			
<input type="checkbox"/> I will submit a Medical Certification form within 15 days to Superintendent			
<input type="checkbox"/> Sabbatical Leave			
<input type="checkbox"/> Military Leave: Active Duty, Military Caregiver or FMLA			
<input type="checkbox"/> Emergency Leave			
<input type="checkbox"/> Other Leave of Absence – Describe: _____			
DISABILITY BENEFITS			
<input type="checkbox"/> I will file a claim for Disability benefits.			
TIME OFF			
A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and/or personal leave). Paid leave may be used in accordance with applicable policy. Please make entry in AESOP/Frontline as needed. You may use paid leave to cover the waiting period for Disability benefits. I request to use the following leave categories:			
Type	Number of Days or Hours	Dates: From	Through
Vacation or Comp	_____	_____	_____
Sick Leave	_____	_____	_____
Personal Leave	_____	_____	_____
Leave Without Pay	_____	_____	_____
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave. (Leave balances can be found in Smarter/ESS - For COMP balance please check with Building Secretary)			
Employee Signature:		Date:	Superintendent Approval: Date: