

EMPLOYEE LEAVE OF ABSENCE REQUEST INSTRUCTIONS

- If you are absent for more than ten (10) consecutive workdays or frequent intermittent absences, Leave of Absence paperwork needs to be completed.
- The Leave Office may request additional documentation any time during a Leave of Absence.
- Required documentation MUST be submitted to the Leave Office **at least 15 calendar days** of signing this form and taking leave. If not received, the Leave of Absence may not be approved and may result in an overpayment, underpayment, and/or unpaid leave.
- Advance notice of 30 days for a request for FMLA leave is required if leave is foreseeable, or as soon as practicable. Certified staff requesting leave for the following school year must submit forms by July 15th, except for emergency leave pursuant to Master Agreement Article IX.E.3.
- To schedule an appointment to review your leave request and/or for questions regarding your leave, please call 719-520-2185 or email at Leaves@d11.org or visit <https://calendly.com/ashley-frazier-willey-d11/meetingwithashley>
- Return the completed form with applicable signatures and required documentation to the below address and/or via email/fax:
Mail/In-Person: Employee Benefits/Leave Office, Attn: Ashley Frazier, Leave Specialist, 711 E. San Rafael, C/S, CO 80903
Email: Leaves@d11.org Fax: 719-520-2015 (if you choose to fax, it is your responsibility to check if it was received)

1. It is my responsibility to contact Employee Benefits at 719-520-2178 or Employee.Benefits@d11.org for information regarding continuation of ANY district provided benefits while on ANY approved type of leave. Should I choose to continue health benefits on a self-pay basis, it is my responsibility to call Employee Benefits regarding options during unpaid leave **and I acknowledge that I may be responsible for 100% of the premium for any District provided benefits while on approved leave.** I acknowledge that it may be necessary to complete new insurance forms to reinstate the district's contribution for my health benefits within 31 days upon returning from leave.
2. It is my responsibility to contact Payroll at 719-520-2196 to discuss ANY impact to my pay because of this leave request, including but not limited to: contract payout, pay docking, and changes in monthly rate of pay because of **ANY unpaid leave.** I understand that I may request a salary calculation worksheet detailing my monthly rate of pay after returning from unpaid leave. I understand that I must contact Payroll to inform of any changes to my W4 or Direct Deposit forms upon my return from leave.
3. It is my responsibility to contact Andrea Palos, Employee Benefits Manager at 719-520-2241 or Andrea.Palos@d11.org to review my eligibility for Short-Term and/or Long-Term Disability benefits while on an approved leave of absence.
4. For CERTIFIED employees only: I must inform Talent Management, in writing, no later than April 15 of my intention to return at the beginning of the school term following expiration of my leave. A teacher agrees **to** reimburse the District for the daily substitute rate for each day of Maternity/Adoption leave (up to 20 days), if applicable.
5. I certify that I agree to not accept any gainful and similar employment while on approved leave of absence.
6. I acknowledge that if I do not return to work on the originally scheduled return date, or upon expiration of FMLA, medical/leave of absence, I will be deemed to have voluntarily terminated employment with the District, unless I have submitted a request to the District and have been approved for an extension or such extension is permitted by other relevant policy or applicable law.
7. I acknowledge that I am aware that I **may not** have access to my District network /email /PeopleSoft Self-service account while on a paid/unpaid Leave of Absence. Once it has been confirmed that I have returned to work, I understand that I will not have network access until 24 hours after the date of return.
8. I acknowledge that I am responsible for keeping my contact information up to date with Talent Management, Payroll, Benefits, or other applicable departments, if any changes occur while on an approved leave.
9. I acknowledge that, should I be granted sick leave from the Sick Leave Bank (Teachers Only), Donated Sick Leave programs, and at a later time should I be approved to receive long-term disability and/or worker's compensation payments for the days already granted, I will be required to reimburse the District for the equivalent monetary value of those days received, regardless of the amount of payments received from disability or worker's compensation.
10. I acknowledge that I **must** return District 11 building keys and access cards **to my supervisor** when I am placed on unpaid leave of absence.
11. I acknowledge that if I go on unpaid leave, my leave balance for the current school year will be prorated. If I do not return from the leave of absence, my last paycheck could be subject to dockings due to use of unearned sick leave.
12. I acknowledge that an employee on an approved leave of absence of more than 5 consecutive days will be charged for the designated absences and will not receive an inclement weather day.
13. **MEDICAL RELEASE STATEMENT:** Talent Management requests a Return-to-Work Medical Release Statement from your physician. It is my responsibility to review my job description with my physician and secure a written medical statement from them prior to your return from leave. Your physician's statement should address your ability to perform the essential functions of the job as well as meet the physical demands of the job. This release should have your return-to-work date and any work restrictions, if applicable, along with the length of the restrictions. **Please provide the physician's medical statement at least five (5) business days prior to your anticipated return to work.** Talent Management will need to communicate with your supervisor to discuss these prior to your return to work. Any disclosure of medical information will be kept in a confidential medical file and retained per a records retention schedule.

By my signature below, I acknowledge that I have read and understand the above information pertaining to a Leave of Absence and my responsibilities.

Employee Printed Name

Employee Signature

Date

Colorado Springs School District No. 11 Talent Management Team Employee Leave of Absence Request

Employee Name:		Employee ID #:	
Job Title:		Work Location:	
Mailing Address:		City:	State: Zip Code:
Personal Email:		Home/Cell Phone:	
LEAVE REQUEST DETAILS			
Beginning Absent Date:		Anticipated Return to Work Date:	
<input type="checkbox"/> Full Workday	Normal daily hours:	<input type="checkbox"/> Intermittent Leave (partial day)	Number of hours per day:
<p>FAMLI (Family & Medical Leave Insurance) Program thru the State of Colorado Note: As an employee of Colorado Springs School District 11 (CSSD11), I understand that I cannot be on a paid leave status, while receiving benefits from the FAMLI program, unless I have applied for intermittent leave through both the FAMLI Program and Colorado Springs District 11 Leave Office.</p> <p>Please check the following regarding the FAMLI Program:</p> <input type="checkbox"/> I have applied for the FAMLI Program and plan to ONLY utilize this program. <input type="checkbox"/> I have applied for the FAMLI Program and plan to use CSSD11 paid leave benefits such as Sick Leave prior to utilizing the FAMLI Program. <input type="checkbox"/> I plan to apply for the FAMLI Program but have not done so. <input type="checkbox"/> I do not plan to apply for the FAMLI Program.			
Medical	<p>For the following medical reasons, you will required to provide a Medical Statement from your Medical Provider and/or complete FMLA Forms, if eligible. Medical Documents should be submitted to the Leave Office within 15 calendar days.</p> <input type="checkbox"/> Employee's Own Serious Health Condition. <input type="checkbox"/> Family Member's Serious Health Condition and/or Military Caregiver for current Servicemember and/or Veteran Relationship of Family Member: _____ <p>Note: FMLA eligibility is determined based on the requirements set forth by the U.S. Department of Labor Wage and Hour Division. If eligible, FMLA Forms will be provided to you to complete. FMLA is unpaid leave that runs concurrent with available paid leave, such as Sick Leave, for up to 12 work weeks, that provides job protection. If an employee exhausts all available Sick Leave, they may request additional paid leave pursuant to their corresponding Employee Class Handbook.</p> <p>Please select the additional paid leave options that you are applying for:</p> <input type="checkbox"/> Sick Leave at Half Salary (ESP & ExPro) (up to 20 Additional Days) <input type="checkbox"/> Donated Sick Leave (may receive up to 60/90 days) <input type="checkbox"/> Sick Leave Bank (Teachers Only, must be member)		
	<p>For the following Maternity/Paternity/Adoptions reasons, you will required to provide a Medical Statement from your Medical Provider and/or complete FMLA Forms (if eligible). Medical Documents should be submitted to the Leave Office within 15 calendar days.</p> <input type="checkbox"/> Employee's Own Pregnancy. Anticipated Due Date: _____ <input type="checkbox"/> Birth and/or Adoption of Child. Birth Certificate/Adoption documentation must be provided within 15 calendar days. Expected Birth Date of Child: _____ Expected Date of Physical Custody: _____ <input type="checkbox"/> Parental Leave for Foster Care. Document of Legal Guardianship must be provided within 15 calendar days. Expected Birth Date of Child: _____ Expected Date of Physical Custody: _____ <p>Note: If an employee exhausts all available Sick Leave, they may request additional paid leave pursuant to their corresponding Employee Class Handbook.</p> <p>Please select the additional paid leave option you are applying for:</p> <input type="checkbox"/> Sick Leave at Half Salary (ESP & ExPro) (up to 20 Additional Days) <input type="checkbox"/> Maternity/Adoption (Teachers Only) (up to 20 Additional Days, minus daily substitute rate)		
Misc Leaves	<input type="checkbox"/> Military Qualifying Exigency Leave. FMLA forms will be provided to you if eligible. <input type="checkbox"/> Educational Leave		
	<input type="checkbox"/> General Leave of Absence Reason: _____ <input type="checkbox"/> Extended Leave – Paid (Exchange Teacher)		
	<input type="checkbox"/> Extended General 1-2 years (15+ year employees & BOE approval required) <input type="checkbox"/> Extended Leave – Paid (Exchange Teacher)		

Employee Signature

Date Signed

Supervisor Signature

Date Signed