Delano Public Schools

Leave of Absence Request Form

Instructions: This form is to be completed by the employee to request a leave of absence. Submission of this form does not automatically approve leave. HR will review this request to determine eligibility and designation under applicable laws and District policies, including **FMLA**, **Minnesota Paid Leave**, and **Minnesota Pregnancy & Parental Leave**.

Employee Information

Employee Name: _____

Job Title / Position: _____ **Building:** _____

Supervisor Signature: _____

Type of Leave Requested *(Check all that may apply. HR will make the final leave designation.)*

☐ Family and Medical Leave Act (FMLA) - *Medical certification is required*

☐ MN Paid Leave- *Certification is required by the State; document(s) found online at MN Paid Leave> Individuals Toolkit*

☐ MN Pregnancy & Parental Leave- *Medical certification is required*

☐ Medical Leave (non-FMLA) - *Medical certification is required*

☐ Other (specify): _____

Reason for Leave *(Select the option that best applies.)*

☐ Employee's own serious health condition

☐ Pregnancy, childbirth, or pregnancy-related condition

☐ Qualifying military exigency

☐ Care for a family member with a serious health condition

☐ Bonding with a new child (birth, adoption, foster placement)

☐ Other (explain): _____

Additional information (optional):

Leave Dates Requested

- **First Day of Leave (MM/DD/YYYY):** ____ / ____ / _____
- **Expected Return to Work Date (MM/DD/YYYY):** ____ / ____ / _____

Leave Schedule:

☐ Continuous leave

☐ Intermittent or reduced schedule leave

If intermittent or reduced schedule, describe anticipated schedule:

What Pay/Benefits Would You Like to Use? *(HR will confirm eligibility and coordination of benefits.)*

☐ **Accrued Sick Leave:** *How many hours?* _____

☐ **Accrued Personal Leave:** *How many hours?* _____

☐ **Accrued Comp Time:** *How many hours?* _____

☐ **Accrued Vacation:** *How many hours?* _____

☐ **MN Paid Leave benefits:** Do you want to use accrued paid time before MNPL begins? ☐ Yes ☐ No

Do you want to "top off" using accrued paid time to reach 100% of wage? ☐ Yes ☐ No

☐ **Unpaid leave**

By selecting the options above, I understand that available paid leave balances may be required to run concurrently with applicable leaves as permitted by law and District policy.

MN Paid Leave – Employee Attestations *(This section is required if MN Paid Leave will be requested.)*

- ❖ Employees must provide at least **30 days' notice** for foreseeable Minnesota Paid Leave, or as soon as practicable if the leave is unforeseeable.

By initialing below, I acknowledge and attest that:

- Minnesota Paid Leave benefits are administered by the **State of Minnesota**, not the District.
- I am responsible for applying for Minnesota Paid Leave benefits directly with the State and for submitting all required documentation.
- Approval of a leave of absence by the District does **not** guarantee approval or payment of Minnesota Paid Leave benefits.
- Minnesota Paid Leave will run **concurrently** with FMLA, Minnesota Pregnancy & Parental Leave, and/or other applicable leaves, as permitted by law.
- I must notify HR prior to submitting my Minnesota Paid Leave application and any benefit determination, changes to my leave schedule, or early return-to-work date.
- Failure to apply for or maintain eligibility for Minnesota Paid Leave benefits may result in unpaid leave or the required use of accrued paid leave in accordance with District policy.

Employee Initials: _____ **Date:** ____ / ____ / _____

Employee Acknowledgment and Signature

By signing below, I acknowledge that:

- This request is subject to eligibility requirements under applicable laws and District policies.
- Additional documentation may be required to determine leave eligibility or protection.
- Failure to provide required documentation may delay or deny leave protection.
- I am responsible for maintaining communication with my supervisor and HR regarding my leave status and return-to-work plans.

Employee Signature: _____ **Date:** ____ / ____ / _____

HR Use Only

- **Date Request Received:** ____ / ____ / _____
- **Leave Designation:** ☐ FMLA ☐ MN Paid Leave ☐ MN Pregnancy & Parental ☐ Other
- **Approved Leave Dates:** _____
- **Intermittent Leave Approved:** ☐ Yes ☐ No ☐ N/A
- **Medical Certification Received:** ☐ Yes ☐ No ☐ N/A
- **Benefits:** ☐ Yes ☐ No
  - Prepayment of premiums through payroll? ☐ Yes ☐ No
    - Payroll Dates & Amounts: _____
  - Pay premiums by check during leave; due by 1st of the month? ☐ Yes ☐ No
- **Payroll Notified:** ☐ Yes ☐ No
- **EE Supervisor Notified:** ☐ Yes ☐ No

HR Representative Signature: _____ **Date:** ____ / ____ / _____

This fillable form is intended to be used in conjunction with District leave policies and applicable state and federal law.