

**GLENCOE-SILVER LAKE ISD 2859
REQUEST FOR LEAVE OF ABSENCE**

This form is to be completed if requesting more than 5 consecutive days off, as this may qualify as a leave of absence. Employees who wish to request a leave of absence for any reason should submit this form to the Superintendent to begin the request process. Requests should be made as much in advance as possible or at least 30 days prior to the anticipated start date, or as outline in their Master Agreement.

Employees are encouraged to ask questions to the Superintendent or Payroll Coordinator, because even though the 'rules' of leaves are the same, how they impact an employee may differ based on their role and circumstance. These 'rules' include State & Federal Law, Master Agreements, Policy, and Practice.

Employee Information:		
Employee Name:		
Work Location:	Position/Job Title:	Hours Scheduled Per Day:
Leave Information:		
Anticipated Leave Start Date (first date of absence from work):		
Anticipated Leave End Date (first date of work after leave):		
Total Number Days of Leave Requested:		
If leave will be intermittent, list expected schedule:		
<p>Please check the appropriate reason for your leave of absence and provide copy of medical certification forms.</p> <p><input type="checkbox"/> Birth & Bonding Leave; For the birth of or bonding with a child, or placement of a child with you for adoption or foster care https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-E.pdf</p> <p><input type="checkbox"/> Medical Leave for your own serious health condition https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-E.pdf</p> <p><input type="checkbox"/> Family Leave - You are needed to provide care for another individual due to their serious health condition. Please list relationship and name of individual you are caring for : Click or tap here to enter text. https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf</p> <p><input type="checkbox"/> Safety Leave -Request for leave due to domestic abuse, sexual assault, stalking, of yourself or family member</p> <p><input type="checkbox"/> Military Related Leave/Active Duty Leave, or Military Caregiver Leave for service member with a serious injury or illness https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-384.pdf</p> <p><input type="checkbox"/> Other (describe):Click or tap here to enter text.</p>		
How do you intend to be compensated while on leave?		
<p><input type="checkbox"/> I will use my accrued time off balances (sick/esst, personal, comp and/or vacation) and be paid by GSL using FMLA.</p> <ul style="list-style-type: none"> • Wage and employee benefit deductions will continue to occur if time off balances are available. If balances are depleted, leave absences will be without pay and payment arrangements for the employee cost of benefits may be required. <p><input type="checkbox"/> I will be applying for MN Paid Leave for the dates listed above and understand the following:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> MN Paid Leave will make payment directly to employee • <input type="checkbox"/> MN Paid Leave will pay only a portion of regular earnings and said earnings are not eligible for TRA/PERA contributions due to the earnings not being paid by GSL • <input type="checkbox"/> Employees who apply for MN Paid Leave will be placed on unpaid leave with GSL for dates listed in MNPL request • <input type="checkbox"/> While using MNPL, benefit coverage will continue and employees will be responsible for paying for cost of their benefits out of pocket or make payment arrangements with GSL prior to leave • <input type="checkbox"/> Employee will keep MN Paid Leave and GSL informed of leave status and provide documentation or updates as required. 		
Employee Signature:		Date Submitted:
Superintendent Signature of Approval:		Date Approved:

MINNESOTA PAID LEAVE

Effective January 1, 2026

Minnesota Paid Leave provides payments and job protections when you need time off to care for yourself or your family.

What can I use Paid Leave for?

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- **Bonding Leave** – to care for and bond with a new child welcomed through birth, adoption, or foster placement
- **Caring Leave** – to care for a family member with a serious health condition
- **Military Family Leave** – to support a family member called to active duty
- **Safety Leave** – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

Generally, conditions must last more than seven days and be certified by a healthcare provider or other professional.

Am I covered by Paid Leave?

Most workers in Minnesota are covered by Paid Leave. You are covered no matter the size of your employer, or the hours or days you work. Independent contractors and self-employed individuals are not automatically covered but may opt in. You may qualify for payments if you've been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of Paid Leave in 2026).

How long can I take leave?

You may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total.

How much will I get paid?

When you use Paid Leave, the state makes payments to you. Paid Leave will pay up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state's average weekly wage. This amount changes each year, and is \$1,423 for the start of Paid Leave in 2026.

Who pays for Paid Leave?

Paid Leave is funded by premiums paid by employees and employers. The initial premium rate is 0.88% of covered wages. Your employer may deduct up to 0.44% of your wages to fund your portion of the premium.

What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance premiums while you are on leave.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use Paid Leave. Employers cannot take your Paid Leave payments.

For inquiries related to Paid Leave, please contact Minnesota Paid Leave at 651-556-7777 or visit our website.

If you think your employer is violating employment protections, contact the Labor Standards Division at the Minnesota Department of Labor and Industry.

LEARN MORE: paidleave.mn.gov



This information can be provided in alternative formats to people with disabilities or people needing language assistance by calling the Paid Leave Contact Center at 651-556-7777 or 844-556-0444 (toll-free).

mn MINNESOTA
PAID LEAVE

Minnesota Paid Leave | 180 E 5th St Suite 1200 | Saint Paul, MN 55101

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