



# MN Paid Family Medical Leave Request Form

To be completed by Employee

Employee Name \_\_\_\_\_

Reason For Leave \_\_\_\_\_ Family \_\_\_\_\_ Medical \_\_\_\_\_  
*Please provide a brief description* *Please provide a brief description*

Date Form Completed \_\_\_\_\_

Family Leave	
Expected Leave Start Date	_____
Expected Leave Return Date	_____
<i>If you plan on using leave intermittently and know the dates, please fill in below</i>	
Expected Leave Start Date	_____
Expected Leave Return Date	_____
Expected Leave Start Date	_____
Expected Leave Return Date	_____

Medical Leave	
Expected Leave Start Date	_____
Expected Leave Return Date	_____
<i>If you plan on using leave intermittently and know the dates, please fill in below</i>	
Expected Leave Start Date	_____
Expected Leave Return Date	_____
Expected Leave Start Date	_____
Expected Leave Return Date	_____

*\*MN Paid Family Medical Leave can not be used in conjunction with any other leave*

To be completed by District Office

Date Received by District Office \_\_\_\_\_

Family Leave	
Actual Leave Start Date	_____
Actual Leave Return Date	_____
<i>Intermittent Leave Dates</i>	
Actual Leave Start Date	_____
Actual Leave Return Date	_____
Actual Leave Start Date	_____
Actual Leave Return Date	_____

Medical Leave	
Actual Leave Start Date	_____
Actual Leave Return Date	_____
<i>Intermittent Leave Dates</i>	
Expected Leave Start Date	_____
Expected Leave Return Date	_____
Expected Leave Start Date	_____
Expected Leave Return Date	_____

Employee Printed Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

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

Superintendent Signature \_\_\_\_\_

*Document must be turned into HR/Payroll upon final approval*