



# AUSTIN PUBLIC SCHOOLS

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## Family and Medical Leave Request Form

Please complete this form and submit to the Benefits Office.

For more information about types of leave available, please review Family and Medical Leave at <https://www.austin.k12.mn.us/district-offices/human-resources/fmla>.

### Section 1

Today's Date:

Job Title & Building:

Employee Name:

Immediate Supervisor:

Anticipated Start Date:

Anticipated Return Date:

Will this leave be taken in an intermittent/reduced schedule? Yes No

### Section 2

Type of leave: Family Medical Military Parenting

### Section 3

This leave is for:

Birth/Adoption/Foster Care of a child

Serious health condition of family member

Call to active duty of qualifying exigency

Select one of the following:

Care of injured service member

Child

Spouse

Serious health condition of self

Parent

Next of Kin Service Member

Please describe the reason/type of leave requested:

Employee **may be** required to provide supporting documentation for FMLA or Medical Leave.

### Section 4

If you are using allocations, please review your allocation balances in Skyward and provide the number of days you would like to use:

Sick Days \_\_\_\_\_ Personal Days \_\_\_\_\_ Vacation Days \_\_\_\_\_ Floating Holiday \_\_\_\_\_ Other \_\_\_\_\_

Will any portion of your leave be unpaid through APS? Yes No

Will you be applying for MN Paid Leave? Yes No

If yes, what dates during your leave will you be using MN Paid Leave? Start Date: End Date:

If using MN Paid Medical Leave, it is the employee's responsibility to apply with the State. Learn more at [paidleave.mn.gov](http://paidleave.mn.gov). Once you have submitted your application with MN Paid Leave, you must notify Benefits of your completed MN Paid Leave application.

*It is the employee's responsibility to also notify their direct supervisor of their intent to take leave. Upon submission of this form to Benefits, please notify your direct supervisor of your leave intentions.*

**If you have any questions regarding Family and Medical Leave, please contact Benefits at 507-460-1906.**

Employee Signature

Date

### OFFICE USE ONLY

Benefits		Date	HR	Date
FMLA Eligible	Yes No		Payroll	Date
PMLA	Yes No		Sub Services	

