Colorado Springs School District 11
Talent Management

EMPLOYEE LEAVE OF ABSENCE REQUEST

Colorado Springs District 11 is proud to offer additional Medical and Educational Leave options beyond standard sick, personal, and vacation leave. We know life happens and we want to ensure our employees know their options. Refer to the D11 Employee Handbook for an explanation of the Leave Options afforded to you.

In addition to the standard Leave Options, please be aware of the following important guidelines:

1. **Absences Lasting Ten (10) or More Consecutive Business Days:** Any absence lasting ten (10) or more consecutive business days requires the employee to **formally apply for a Leave of Absence** through the process outlined below. Failure to follow this process may result in the absence being classified as unapproved and/or unpaid.

2. **Absences Requiring Intermittent or a Reduced Work Schedule:** Any absence that requires the employee to have intermittent absences or a reduced work schedule must **formally apply for a Leave of Absence** through the process outlined below. Failure to follow this process may result in the absence being classified as unapproved and/or unpaid.

3. **Leave Arising From the Effects of a Work-Related Injury:** Employees who sustain a work-related injury must contact the Workers' Compensation Claims Adjuster to discuss eligibility for workers' compensation benefits, including wage replacement and medical care coverage. Compensation and leave for work-related injuries are managed through the workers' compensation process and **not** through the standard leave of absence process. Therefore you are not eligible to apply for any of the leaves below.

STEPS TO APPLY FOR A LEAVE OF ABSENCE

NOTE: The below deadlines are flexible for emergency situations. In these cases, simply reach out to the Leave Specialist as soon as possible for further guidance.

Step 1: Submit Leave Request (30 Days Prior to Requested Leave Start Date)
In accordance with District and FMLA guidelines, employees must submit their leave request at least 30 calendar days prior to the intended start date of leave. *Certified Staff at Schools:* To ensure proper classroom coverage, certified staff requesting leave for the next school year need to submit their leave request by July 15 (or as soon as they are aware of the need for a leave of absence).

Step 2: Complete Required Documentation (within 15 calendar days from receiving the request from the Leave Office)
The Leave Office will confirm receipt of your leave request and will provide further instructions and required documentation needed. Employee must return the required documentation within 15 calendar days from the date of the Leave Office request.

Step 3: Return Required Documentation
Return the required documentation (with applicable signatures) via one of the following ways:

1. **US Postal Mail or In-Person:**
   D11 Employee Benefits/Leave Office
   Attn: Leave Specialist
   711 E. San Rafael, Colorado Springs, CO 80903
2. **Email:** Leaves@d11.org

NOTE: Should you fail to return the required documentation within 15 days prior to the **start date** of the leave of absence, you will be placed on an unpaid leave of absence (unless you have withdrawn your request for leave). The unpaid leave will begin on your first day of reported absence.

Step 4: Leave Approval Notification Issued from Leave Office (this can take 1-2 weeks to issue after receiving required documentation as listed in Step 3)

Once reviewed, the Leave Office will issue a formal Leave Approval Notification to both the employee and supervisor. This notification will contain all of the information you will need to assist you while you are on leave (start date, end date, how to report absences, return to work requirements, etc).

Step 5a: Get Ready to Return to Work! Submit Medical Release Form (5 business days before return to work date)

Before returning to work, a Medical Release Form must be provided (if applicable). This Medical Release Form is included in your Leave Approval Notification. The Leave Office will coordinate with your supervisor to plan your return. All medical information will be handled confidentially and retained per policy.

Step 5b: Not ready to return to work quite yet? Be sure to request an Extension of Leave!

If you are not yet able to resume your work duties, you must submit a formal request for a leave extension. All requests must be submitted in writing to your immediate supervisor and to the Leave Office via email at **Leaves@d11.org**. Additionally, you are required to provide appropriate medical documentation verifying your inability to return to work.

CONTACT INFORMATION

Leave Request Questions: For questions regarding your leave or to schedule an appointment to review your leave request, please contact the Leave Office.

Phone: 719-520-2185
Email: **Leaves@d11.org**
In-Person or Virtual Meeting Request with the Leave Specialist: Click the **Appointment Calendar**

Employee Benefits Questions: For questions regarding how to continue your district-provided benefits while on paid and/or unpaid leave and/or if you are eligible for short-term and/or long-term disability, please contact the Employee Benefits Office. Per **Employee Handbook**, **4.1.3 Benefits While on Unpaid Leave, "**Employees on an unpaid leave of absence shall be responsible for 100% of the premium payment for any health, dental, vision, or life insurance, beginning on the first day of the month following the first day of unpaid leave. The employee is responsible for contacting Benefits for the continuation of benefits."

Phone: 719-520-2178
Email: **Employee.Benefits@d11.org**

Payroll Questions: For questions regarding how paid and/or unpaid leave will affect your pay (pay docking, monthly rate changes, contract payout) and/or if you need to request a salary calculation worksheet upon return, please contact the Payroll Office. *Please note that when an employee is on any unpaid extended leave of absence (FMLA or regular leave of absence), the salary is paid out. In addition, the employee's salary will be adjusted upon the return to work date to recalculate the monthly salary as of the return to work date through the remaining corresponding workdays of the school year. Please note that this may change the monthly rate of pay you were receiving prior to the start of your leave.*

Phone: 719-520-2196
Email: **Payroll1@d11.org**

EMPLOYEE LEAVE OF ABSENCE REQUEST FORM

Employee Name:			Employee ID #:
Job Title:	Work Location:		
Mailing Address:	City:	State:	Zip Code:
Personal Email outside D11:			Contact Phone:

LEAVE REQUEST DETAILS

Beginning Absent Date:	Anticipated Return to Work Date:
☐ Full Workday ☐ Normal daily hours:	☐ Intermittent Leave/Reduced Work Schedule ☐ Number of hours per day:

FAMLI (Family & Medical Leave Insurance- State of Colorado) NOT FMLA (Family & Medical Leave Act-Federal)

D11 opted out of the State of Colorado FAMLI program, however, employees may choose to self-enroll. It is the employee's responsibility to contact FAMLI and determine eligibility. D11 does not deduct FAMLI payments. For more information, see the FAMLI notices: **English** and **Spanish.** D11 employees *may not* receive paid leave benefits while also receiving FAMLI benefits unless intermittent leave is approved by both the FAMLI program and the District.

Please select one:

- ☐ I **do not** plan to apply for the FAMLI Program.
- ☐ I have applied for the FAMLI Program and plan to **ONLY** utilize this program.
- ☐ I have applied and will use **D11 paid leave benefits (e.g., Sick Leave)** first.
- ☐ I plan to apply for the FAMLI Program but have **not applied** yet.

MEDICAL LEAVE

- ☐ **Employee's Own Serious Health Condition**
- ☐ **Family Member's Serious Health Condition**
  Relationship of Family Member: _____
- ☐ **Military Caregiver for Current Servicemember/Veteran**
  Relationship of Family Member: _____

After I have exhausted my sick, personal and vacation time (if applicable), I would like to request the following Additional Paid Leave Options. If you do not check any boxes, we will assume you are not requesting additional benefits. You can check more than one box.

- ☐ 20 days Sick Leave at Half Salary (ESP/Exec Pro/Counselors/SSPs)
- ☐ 20 days Sick Leave minus the cost of a substitute (Teachers)
- ☐ Donated Sick Leave (up to 90 days- all eligible employees) will be used prior to 20 Days Sick Leave (unless otherwise requested)

MATERNITY PATERNITY ADOPTION LEAVE

- ☐ **Employee's Own Pregnancy:** Anticipated Due Date: _____
- ☐ **Birth/Adoption of Child:** Expected Birth Date: _____Expected Date of Physical Custody: _____
- ☐ **Parental Leave for Foster Care:** Expected Date of Physical Custody: _____

After I have exhausted my sick, personal and vacation time (if applicable), I would like to request the following Additional Paid Leave Options. If you do not check any boxes, we will assume you are not requesting additional benefits.

- ☐ 20 days Sick Leave at Half Salary (ESP/Exec Pro/Counselors/SSPs)
- ☐ 20 days Sick Leave-minus the cost of a substitute (Teachers)

MISC. LEAVE OPTIONS

- ☐ **General Leave of Absence** Reason: _____
- ☐ **Military Qualifying Exigency Leave (FMLA forms provided, if eligible)**
- ☐ **Educational Leave**
- ☐ **Extended General Leave** (1–2 years; 15+ years & BOE approval required)
- ☐ **Extended Leave** – Paid (Exchange Teacher)

LEAVE ACKNOWLEDGEMENTS

1. **Supervisor Notification:** I acknowledge that it is my responsibility to inform my supervisor of my submitted Leave of Absence request so they can plan coverage accordingly. I understand that I am not required to disclose the reason for the leave.

2. **Benefits Continuation:** I acknowledge while on an unpaid, non-FMLA leave, I am responsible for contacting the Benefits Office and ensuring premium payments are made to maintain coverage. I understand I may be required to pay the full cost of coverage during this time and must submit new insurance forms within 31 days of returning to restore the district's contribution.

3. **Short-Term and/or Long-Term Disability Eligibility**: If I elected to have Short Term Disability (STD) or Long-Term Disability (LTD), it is my responsibility to contact the Employee Benefits Office to determine eligibility for these benefits while on leave.

4. **Pay Impact:** It is my responsibility to contact Payroll if I have questions regarding how leave affects my pay (including pay docking, and monthly rate changes). I understand I may request a salary calculation worksheet upon return and must update W 4 or Direct Deposit forms as necessary.

5. **Absence Reporting:** It is my responsibility to report all absences, following the Absence Reporting Guide (ARG). *NOTE: Upon approval of leave, you will receive this document. I understand that failure to report my absences may result in disciplinary action.*

6. **D11 Network Access:** I understand that I may lose access to District network/email/PeopleSoft while on leave. Access will be restored 24 hours after confirmation of return.

7. **Employment/Other Pay While on Leave:** I will not accept gainful and similar employment while on an approved leave of absence. If found to have accepted similar employment while on leave, I understand that my leave may be revoked and further action could occur, including (but not limited to) reimbursement of any paid leave to the District and/or additional disciplinary actions. In addition, I understand that if I receive Donated Sick Leave and later qualify for disability or workers' compensation for those same days, I may need to reimburse the District.

8. **Personal Contact Information:** I am responsible for keeping my contact information updated with Talent Management, Payroll, Employee Benefits, and other applicable departments while on leave.

9. **Power of Attorney:** I understand that, to ensure my confidentiality under HIPAA, Power of Attorney will be requested should I be in a situation in which I am unable to communicate (incapacitated, for example).

10. **Return of Keys and Access Cards:** I understand that I must return building keys and access cards to my supervisor when placed on unpaid leave.

11. **Intent to Return from Leave**: I understand that failure to return by the scheduled date (or expiration of FMLA/approved leave) will be considered a voluntary termination, unless I request and receive an extension per policy or law.

12. **Proration of New Leave Accrual:** I understand the following regarding proration of new leave accruals. Employees who are eligible for sick leave and/or vacation leave and are on an *unpaid/paid* leave of absence at the beginning of their work year will be provided with the prorated share of their sick leave and/or vacation leave allotment based upon the number of remaining days in their current work year.

ACKNOWLEDGMENT OF LEAVE OF ABSENCE RESPONSIBILITIES and INFORMATION PROVIDED

By signing below, I acknowledge that I have read and understand the above information pertaining to a Leave of Absence and my responsibilities. I agree to comply with the outlined requirements and understand the potential impacts related to benefits, pay, employment status, and return-to-work procedures. I acknowledge that the information provided is accurate to the best of my knowledge and abilities.

Employee Name (Print): _____ **Employee ID:** _____

Employee Signature: _____ **Date:** _____