

Leave of Absence Request Instructions

An employee who is absent from work for a period of more than ten (10) consecutive work days, excluding vacation days, is required to request an approved leave of absence. The request should be made at least ninety (90) days prior to the requested commencement date of the leave of absence, if possible, or immediately upon knowledge of the need. Refer to School Board Policy Number 5014 for additional information.

Usage of Accumulated Paid Leave

The collectively-bargained agreements (master contracts) contain provisions for the usage of sick leave and paid time off. Some master contracts provide for allocation of the annual sick and/or vacation leave allotment at the beginning of the fiscal year. This time is *advanced* upfront, but actually *earned* as the year progresses. An employee on a leave may only use the amount of time that is earned. In other words, the leave time that was *advanced* at the beginning of the year, but not yet *earned* as of the commencement of a leave, will be deducted from the employee's account before paid leave time is applied to the employee's absence. Usage of relevant earned leave time during a leave of absence is required and will automatically be applied to contracted days falling during the period of absence. Correspondence regarding usage of leave time will be mailed to the employee's home address upon submission of an official leave request.

Employee Instructions

You can complete and submit the form electronically or print a blank form and submit a completed hard copy.

1. Electronic Form:

- Complete all information as requested on the form. (You can enter the information directly on the form by placing the cursor in the designated area and pressing the "tab" key to move to the next field.)
 - The start date of your leave is the first work day you will be absent from work.
 - The return to work date of your leave is the first work day you will be back on the job.
 - Select the status of your leave (Full-time or Part-time).
 - Indicate the actual reason for the leave request from the categories shown. If your specific need is not included, select "Other". For "Long Term Leave" and "Other", please provide a clear description of the reason you are requesting a leave on a separate sheet.
 - Read the affirmation language, sign, and date the form. (Your name typed in the signature field is considered your electronic signature.)
- Rename and save the file (For example, "Leave Request for John Doe")
- Send the form as a file attachment via e-mail to your supervisor/principal, copied to your Human Resource Specialist (Cheryl.Albertson@isd728.org or Angela.Raveling@isd728.org).
- If your leave is for medical, family medical or maternity reasons, obtain a doctor's statement that confirms the reason for your leave and length of time you must be gone. A maternity leave request requires confirmation of the estimated delivery date by your doctor. Send the medical provider statement to your Human Resource Specialist. **Your leave will not be processed without a statement from your health care provider.**
- Information about pay, usage of accumulated leave time, or insurance continuation while on your leave of absence will be mailed to you via the U.S. Postal Service upon completion of your request and approval of your leave. If you do not receive confirmation within one week after you have submitted your request and doctor's statement (if applicable), contact your Human Resource Specialist.

2. Hard Copy Form:

- **If you do not have access to a computer or e-mail, you may print this form, complete all information by hand, and give it to your administrator for completion of Part Two. Send a copy of your request (and doctor's statement, for a medical, family medical or maternity leave request), to your Human Resource Specialist.**

Administrator Instructions

Please provide your name and phone number and then sign and date where indicated. Send the form as a file attachment via e-mail to your Human Resources Specialist.

ISD 728 ELK RIVER AREA SCHOOLS
LEAVE OF ABSENCE REQUEST

Employee Name and Address:		Position:	Location:
		Daytime Phone # (School extension):	Home/Cell Phone #:
Requested Start Date of Leave (First day absent from work):		Anticipated Return to Work Date (First day back at work):	
<i>Note: If this is a maternity leave, use the anticipated due date as the start date and anticipated return to work date should be indicated as 6 weeks, 8 weeks, 10 weeks, etc. so the date adjusts as to when the baby is born.</i>			
Requested Leave Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, indicate FTE or hours/week of leave:			
Indicate reason for leave request by marking the appropriate box(es) below.			
Medical Leave	<input type="checkbox"/> Medically necessary care of self <input type="checkbox"/> Medically necessary care of dependent child/spouse/parent/other (specify)		
	Is leave request related to a workers' compensation claim? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Leave is: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
	Attach healthcare provider verification of medical condition and need for leave of absence.		
Parental Leave	<input type="checkbox"/> Birth of child Due Date: _____ Attach healthcare provider statement showing anticipated due date. You are expected to work until the actual birth date. If leave prior to the birth is needed you must contact your HR Specialist.		
	<input type="checkbox"/> Child Care Child's Age: _____		
	<input type="checkbox"/> Adoption Attach adoption verification letter.		
Other Leave	<input type="checkbox"/> Long Term Leave (Describe the need for leave on separate sheet.) <input type="checkbox"/> Military Service (A copy of military orders is requested.) <input type="checkbox"/> Other (Describe the need for leave on separate sheet.)		

I affirm that the information I have provided on the request form is accurate and complete. I acknowledge that I will provide the District information as may be requested. I confirm I have read and understand the leave of absence information and leave policy available to me on the district website. I understand all my earned paid time will be applied to my leave of absence, included but not limited to sick, vacation, and personal leave. I agree that my signature on this form confirms I adhere to all provisions and requirements of this leave outlined by my employee agreement.

Employee Signature: _____ Date: _____

Administrator Name: _____ Telephone # _____

Administrator Signature: _____ Date: _____

(Administrator signature acknowledges receipt of request only)

Date Received in HR:			
Prior Leaves			
FMLA	<input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ weeks	MN Parental Leave	<input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ weeks
Leave is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
HR Authorization _____		Date: _____	