

## Office of Human Resources

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Educational Services Center  
1350 West 106<sup>th</sup> Street  
Bloomington, MN 55431-4126

[www.bloomington.k12.mn.us](http://www.bloomington.k12.mn.us)

## INSTRUCTIONS:

### **To request a leave**

- You must complete this form for an absence of **any length if the leave reasons listed on the form apply and/or for any absence of more than 4 days excluding vacation.**
- Read the entire form.
- Complete this form and submit to your supervisor before leave is taken to ensure it has been approved.
- Send WH-380 Certification of Health or any supplemental documents to Human Resources, attention Shannon Fabick.
  - WH-380 Certification of Health or any medical documentation **does not** need to be sent directly to supervisors.
- Record time off in Skyward and to request a sub, if needed, go through your usual process.
- You will receive an email back once your leave request has been approved or denied.

\*Human Resources may need to ask for additional information to determine FMLA eligibility (See [www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla) for more information).

### **Prior to your return**

- For personal medical leaves, you are required to submit a doctor's note including workability to Human Resources, attention Shannon Fabick, **prior** to your return to work.

### **Work restrictions**

- All work restrictions must be processed by Human Resources **prior** to employee's return to work.
- Send a doctor's note outlining work restrictions to Human Resources, attention Shannon Fabick.
- Doctor's note with set work restrictions must include the duration of the work restriction. If TBD, note must state the next follow-up date for further evaluation of work restrictions.
- After review, Human Resources will determine if the work restrictions can be reasonably and safely accommodated.



## LEAVE OF ABSENCE REQUEST FORM

You must complete the form for an absence of more than 4 workdays or for any of the leave reason below.

<b>Name</b>		<b>Employee #</b>		<b>Home Phone</b>	
<b>Position</b>		<b>Location</b>		<b>Supervisor</b>	
<b>Requested Dates: Start</b>		– <b>End</b>		<b>Anticipated Return:</b>	
<b>Type of leave:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced hours					
<b>MEDICAL &amp; PARENTAL</b> <small>(may qualify for FMLA)</small>	<input type="checkbox"/> <b>Employee's Medical Leave</b> (please check 1 box) <input type="checkbox"/> Employee medical** or <input type="checkbox"/> Pregnancy/The birth of a child** <input type="checkbox"/> Family Medical** for _____ (indicate family member/relationship) with a serious health condition) <input type="checkbox"/> Placement of a child through adoption or foster care. – <b>Attach adoption or placement verification.</b> <b>**The Certification of Health Care Provider Form (WH-380) verifying medical condition needs to be completed and sent to Human Resources within 15 days of the request.</b> <input type="checkbox"/> I have sent/faxed the form to HR <input type="checkbox"/> I have NOT sent the form and will send when completed by the physician <b>Note:</b> Failure to provide a complete and sufficient medical certification may result in a denial of your leave request.  <b>Accumulated sick leave will automatically be used.</b> If you are eligible for vacation or earned personal leave and would like to apply those days after your sick leave, please indicate the number of days: _____				
	<input type="checkbox"/> <b>Service Member Family and Medical Leave (not eligible for sick leave)</b> for <input type="checkbox"/> spouse <input type="checkbox"/> son/daughter <input type="checkbox"/> parent <input type="checkbox"/> next of kin with a serious injury or illness incurred through the line of duty. <input type="checkbox"/> <b>Military Exigency Leave (not eligible for sick leave)</b> for <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent who is on active duty or call to active duty in support of a contingency operation as a member of the National Guard or Reserves. <u>Qualifying exigencies may include:</u> military events, financial and legal arrangements, counseling, etc.				
<b>OTHER</b>	<input type="checkbox"/> Military (per MN Statue 192.261, Subdivision 1). – <b>Attach copy of orders.</b> <input type="checkbox"/> Jury duty or subpoenaed witness. – <b>Attach copy of summons.</b> <input type="checkbox"/> Worker's compensation (Claim # _____) <input type="checkbox"/> Mobility (per MN Statute 122A.46, 136F.43, and 354.66) <input type="checkbox"/> Charter school (per MN statute 124E.12, Subdivision 6). – <b>Attach copy of contracted position offered</b> <input type="checkbox"/> Childcare. – <b>Name and age of under-school age dependent child.</b> _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid				

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Administrative use:**

Exec. Dir. Of Human Resources	<input type="checkbox"/> FMLA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Date</b>	
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**Board Action:**    Approved    Denied   \_\_\_\_\_   **Board Clerk**   \_\_\_\_\_   **Board Chair**   \_\_\_\_\_   **Date**