Office of Human Resources

Phone 952.681.6440 Fax 952.681.6449



Educational Services Center 1350 West 106th Street Bloomington, MN 55431-4126

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.
- 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 for more information).

COVID Leave

- You must complete this form for a COVID absence of more than FOUR days.
- If you receive a positive COVID test, complete this form and submit it to your supervisor for approval. They will send it on to HR.
- Send a copy of your positive test result directly to Human Resources.
 - Your test results 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.

Prior to your return

• For personal medical leaves, you are required to submit a doctor's note including workability to Human Resources, **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 Jenny Wine.
- 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.

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LEAVE OF ABSENCE REQUEST FORM

You must complete the form for an absence of more than 4 work days or for any of the leave reasons below.

Name			Employee #		Home Phone		
Position			Location		Supervisor		
Requested		Dates: Start	End	Anticipated Return:			
		Type of leav	e: 🗆 Continu	ous	☐ Reduced hours		
M E D I C A L / P A R E N T A L		Employee's Medical Leave (please check 1 box) Employee medical** or Pregnancy/The birth of a child** Family Medical** for					
		Qualifying exigencies may include: military events, financial and legal arrangements, counseling, etc. Military (per MN Statute 192.261, Subdivision 1). – Attach copy of orders. Jury duty or subpoenaed witness. – Attach copy of summons. Worker's compensation (Claim #) Mobility (per MN Statute 122A.46, 136F.43, and 354.66) Charter school (per MN statute 124E.12, Subdivision 6). – Attach copy of contracted position offered Childcare. – Name and age of under-school age dependent child					
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: For Administrative use: Date: Date:							
Exec. Dir. Of Human Resources							