MINNESOTA
PAID LEAVE

Date: _____

Employee Name: _____ Employee ID # _____

I will be requesting Minnesota Paid Leave for the following dates _____ to

_____. My planned return date to work is _____.

I am requesting leave for the following qualifying events:

Medical Leave:

- ☐ To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- ☐ Bonding Leave – to care for and bond with a child welcomed through birth, adoption, or foster placement
- ☐ Caring Leave – to care for a family member with a serious health condition
- ☐ Military Family Leave – to support a family member called to active duty
- ☐ Safety Leave – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

I acknowledge that I need to apply for the Minnesota Paid Leave (MPL) on the website https://mn.gov/deed/paidleave/. My paid leave will be administered by the State, not Bloomington Public Schools (BPS). All questions can be directed to MPL regarding my leave_____ **(initial here)**

I have notified my direct supervisor I am submitting this request and filled out a BPS Leave Form _____ **(initial here)**

I acknowledge that any funds received from Minnesota Paid Leave are not considered wages under PERA or TRA Pension Plans. I can buy credits by contacting TRA or PERA directly _____ **(initial here)**

I acknowledge that I am responsible for paying for my insurance contributions that the district does not pay for.

Payment Method:

Payment will be from the last check prior to going out on leave, or Monthly Check or Money Order payments made out to ISD 271 if it is not a planned leave.

ISD 271
C/O Benefits Specialist, Vickie Hepler
1350 W 106th St
Bloomington, MN 55431

Due Date: 20th of Each Month. Premiums are paid a month in advance. The payment can be submitted via mail or in person.

Employee Signature: _____ Date: _____

District Office Approval: _____ Date: _____