Request for Leave of Absence

PLEASE COMPLETE AND SUBMIT THIS FORM TO JENA TOLLEFSON AT TOLLEFSONJL@WILLMAR.K12.MN.US IN HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE.

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)

Home Address	**City**	**State**	**Zip**
Job Title/ Department/Building	**Telephone Number** _____ ☐ HOME ☐ CELL		

ABSENCE INFORMATION

☐ This is a new request. ☐ This is an update to an existing request.

Requested Start Date:	Anticipated Return Date:

TYPE OF LEAVE

☐ Consecutive Leave of Absence ☐ Intermittent Absence (information required below)

For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit http://www.willmar.k12.mn.us/Page/4251.

☐ Medical Leave - Employees Own Serious Health Condition (**not work related**)*

☐ Medical Leave - Care for Ill Parent, Spouse, Child or Domestic Partner*

**** For leaves due to your Own or a Family Member's Serious Health Condition, a Medical Certification form is required. Select the form associated with your leave of absence request by clicking the link below.***

☐ A completed Medical Certification form is attached.

☐ I will submit a Medical Certification form within 15 days to human resources.

☐ Sabbatical Leave

☐ Maternity Leave

☐ Childcare Leave (Care for Newborn/Placed Child) °

° *Provide the Date of Birth or Placement of Child*: _____

☐ Military Leave: Active Duty, Military Caregiver or FML

☐ Emergency Leave

☐ Other Leave of Absence – Describe: _____

DISABILITY BENEFITS

☐ I will file a claim for Disability benefits.

TIME OFF

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and/or personal leave). Paid leave may be used in accordance with applicable policy. You may use paid leave to cover the waiting period for Disability benefits. I request to use the following leave categories:

Type	**Number of Hours**	**Dates: From**	**Through**
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Personal Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____

☐ **I have verified that I have sufficient accrued leave to take the above requested paid leave. (Please use ESS)**

Employee Signature: Date:	HR Approval: Date: