



Leave of Absence Request Form [SUBJECT TO HR APPROVAL]

Employee Name: _____ Employee ID #: _____
 Position: _____ Work Location: _____ Supervisor: _____
 Week Work Schedule : _____ Daily Hours: _____
 Type of Leave: Continuous Intermittent Reduced Schedule
 Requested Dates: Start: _____ End: _____ Date Return to Work: _____

An Affirmative Action/ Equal Opportunity Employer

Medical & Parental Leave (may qualify for FMLA)	<p><input type="checkbox"/> Family Medical Leave (Please check 1 box)</p> <p><input type="checkbox"/> <i>Employee Medical**</i> or <input type="checkbox"/> <i>Pregnancy** (For Mothers Only)</i>: Duration determined by physician certification and company policy</p> <p><input type="checkbox"/> <i>Family Medical**</i> - Physician certification required for care of seriously ill family member</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter under age 18 or Disabled <input type="checkbox"/> Parent <input type="checkbox"/> Member of Household </p> <p><input type="checkbox"/> <i>The birth of a child (For Fathers Only)</i> – Attach physician’s statement including expected due date</p> <p><input type="checkbox"/> <i>Placement of a child through adoption or foster care</i> - Attach Adoption or placement verification court order.</p> <p>Accumulated sick leave and eligible for use, will automatically be used. If you are eligible for vacation and would like to apply your vacation days after your sick leave, please provide the number of days: _____.</p> <p><input type="checkbox"/> Servicemember Family and Medical Leave (not eligible for sick leave)</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Next of Kin </p> <p><input type="checkbox"/> Military Exigency Leave (not eligible for sick leave)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Short-Notice deployment</td> <td><input type="checkbox"/> Military Events</td> <td><input type="checkbox"/> Childcare/School Activities</td> </tr> <tr> <td><input type="checkbox"/> Financial/legal arrangements</td> <td><input type="checkbox"/> Counseling Activities</td> <td><input type="checkbox"/> Rest/Recuperation Activities</td> </tr> <tr> <td><input type="checkbox"/> Post-deployment activities</td> <td><input type="checkbox"/> Additional Activities</td> <td></td> </tr> </table> <p>**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.</p> <p><input type="checkbox"/> I have sent/faxed the form to HR</p> <p><input type="checkbox"/> I have NOT sent the form and will send when completed by the physician.</p> <p>NOTE: Deadline for arrival is 15 days from the date Human Resources receives signed leave of absence request form.</p>	<input type="checkbox"/> Short-Notice deployment	<input type="checkbox"/> Military Events	<input type="checkbox"/> Childcare/School Activities	<input type="checkbox"/> Financial/legal arrangements	<input type="checkbox"/> Counseling Activities	<input type="checkbox"/> Rest/Recuperation Activities	<input type="checkbox"/> Post-deployment activities	<input type="checkbox"/> Additional Activities	
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Other Leave	<p><input type="checkbox"/> Professional Training (for Educational Assistants or School/Community Service Professionals <i>only</i>). Attach verification of enrollment or acceptance into program, and location and dates of training.</p> <p><input type="checkbox"/> Mobility (per MN Statute 122A.46, 136F.43, and 354.66).</p> <p><input type="checkbox"/> Charter School (per MN Statute 124E.12, Subdivision 6). Attach copy of contracted position offered.</p> <p style="padding-left: 20px;">Note: Requires 90-day advance written notification of intent.</p> <p><input type="checkbox"/> Military (per MN Statute 192.261, Subdivision 1). Attach copy of orders.</p> <p><input type="checkbox"/> Work Abroad. Attach verification of participation under foreign school or sponsoring agency.</p> <p><input type="checkbox"/> Childcare. Name and age of under-school age dependent child. _____</p> <p><input type="checkbox"/> General, Non-Compensatory. Attach explanation.</p>									

I certify that the leave requested above is for the purpose(s) indicated. I understand that 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.

In the event that I fail to follow all the provisions and requirements of the requested leave, I agree that my signature on this form constitutes my resignation from Saint Paul Public Schools and that this form will be submitted as my resignation to the Board of Education, and the Board of Education may discharge me without according me a hearing.

In Addition – Specific Only to Teachers: As a Teacher, in the event of my failure to adhere to the provisions and requirements of this leave, I acknowledge that by signing this agreement, I am specifically, voluntarily, and intentionally agreeing to relinquish any and all tenure claims under Minnesota Statute 122A.41, with respect to my resignation.

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

**Return to: Saint Paul Public Schools, Human Resources, Workforce Management–
 3rd Floor, 360 Colborne Street, St. Paul, MN 55102**
 Telephone: 651.767.8200 Fax: 651.665.0269 Web Site: http://hr.spps.org/Leave_of_Absence.html