



Requesting a Leave of Absence

Medical/Maternity, Parental & Military

What is a Leave of Absence?

- A leave of absence occurs when you need to be out or away from work for reasons other than common, short-term illness (five (5) days or less) or personal vacation. Absences may be on a continuous (six (6) consecutive days and greater) or an intermittent basis (doctor appointments, care for a family member, reduced work schedule, etc.).
- ISD 917 has various reasons a leave of absence could be approved for:
 - Medical & Family/Parental Leaves:
 - Employee's personal medical leave, including pregnancy
 - Family medical leave
 - Parental leave for birth or care of a child in their first year after birth
 - Placement of a child through adoption/foster care
 - Service member family and medical leave
 - Other Leaves:
 - Military or Military Exigency leave

To Request a Leave of Absence:

- To apply for a leave of absence, you must complete the Leave of Absence Request Form.
 - This form must be complete and submitted via mail or inter-office mail **at least 30 days in advance (many contracts require more notice)** of the leave requested to: **Benefits Specialist, Jake Edlund at DCTC**.
 - **Note:** Your employment contract may have other specified timelines for requesting certain types of leave.
- Once your leave request is reviewed, you will be notified of whether or not your leave is FMLA eligible (provisions under the Family Medical Leave Act; see the Staff Handbook and/or District website for eligibility information).
 - If your leave *is* eligible for FMLA, the request for leave will be approved (pending supporting documentation to certify the leave under FMLA).
 - If your leave *is not* FMLA eligible, you will be informed of FMLA ineligibility. Your leave will then be reviewed within the context of your contract for potential approval once documentation is received.
 - If your leave request does not fall within the parameters of your contract, the request along with your supporting documentation, will go to the School Board to be approved or denied.

Supporting Documentation Requirements:

- The Leave of Absence Request Form outlines some specific types of documentation that will be required when reviewing your leave request.
- If you are requesting a leave for a medical (your own or for a family member) or military reason, you will be required to providing supporting documentation of the medical condition to ISD 917 Business Office when you submit the Leave of Absence Request Form. The supporting documentation forms are located on the District website. They include:
 - For personal medical, including pregnancy: **WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition**
 - For family medical: **WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition**
 - Service Member Family and Medical: **WH-385 Certification for Serious Injury or Illness of a current Service Member** or **WH-385V Certification for Serious Injury or Illness of a Veteran**
- If you are requesting a non-medical leave, the following is required:
 - For the birth (non-medical/pregnancy) of a child: a physician's statement of the expected due date and/or the child's birth certificate.
 - For the adoption or placement of a child: a copy of the adoption or placement paperwork.
 - For Military Exigency leave: **WH-384 Certification for Qualifying Exigency for Military Family Leave**
- Human Resources may ask for additional information to determine FMLA eligibility.



Recording Your Absence(s):

- For approved continuous medical and parental leaves, the administrative assistant working in your program will enter your absences into AESOP (the absence reporting system).
 - Intermittent approved leaves can be entered by the administrative assistant or the employee.
 - **Note:** Ultimately the employee is responsible for monitoring their timekeeping to ensure accuracy regardless of who enters the leaves of absence.
- For approved military leaves you must enter your own absence(s) into AESOP.

Impact on Insurance Benefits:

- While on leave, the district will use any/all accumulated employee Sick/Personal/PTO/Vacation leave pay. This will cover benefit premiums until paid time off is exhausted.
- If you did not have enough paid leave accrued to entirely cover your leave of absence and your paycheck stopped or significantly decreased, your typical paycheck will be reinstated according to the date you return to work and the corresponding pay date schedule for 'Timesheet Due Dates', which can be located on the District website under Payroll Forms.
- If you do not qualify for FMLA or if your 12-weeks of FMLA has ended *and* you are out of paid time off, you will be responsible for covering the full cost (employee and district amounts) of your insurance premium(s) while on leave.
 - The district will calculate the amount of time from your leave start date to your leave end date for pay and benefit premium purposes. If paid time is exhausted, the district will communicate benefit premium amounts due for remittance to the district to cover benefit premiums until an employee returns to work.
 - Failure to submit payment can result in retroactive benefit termination to the point when benefit premiums were last paid.
 - To estimate your benefit costs, you can access PlanSource and view your employee and district premium contributions: <https://benefits.plansource.com/>

Returning to Work:

- For personal medical leaves, including pregnancy, you are required to submit a health care provider's note that releases you back to work (which may include restrictions and/or workability).
 - All work releases and work restrictions must be received by **Benefits Specialist, Jake Edlund, at least three (3) business days prior** to your return.
 - These items can be sent via regular mail or email.
 - Work restrictions must include the duration of the work restrictions. If the date is unknown or to be determined, the note must state the next scheduled appointment for further evaluation.
 - After review, Benefits/Human Resources and your supervisor will determine if the work restrictions can be reasonably and safely accommodated. You will be notified via your ISD 917 email account where/when to report upon return.
 - If you did not have enough paid leave accrued to entirely cover your leave of absence, your paycheck stopped or significantly decreased. Your typical paycheck will be reinstated according to the date you return to work and the corresponding pay date schedule for 'Timesheet Due Dates', which can be located on the District website under Payroll Forms.
- For family medical, military, or other approved leaves, you must **notify your supervisor and Benefits Specialist, Jake Edlund, of your intent to return to work at least three (3) business days prior** to your return to work.

For any additional questions, please contact:

Jake Edlund, Benefits Specialist
Jacob.Edlund@isd917.org, 651-423-8493

Lauren Kelly, Human Resource Coordinator
Lauren.Kelly@isd917.org, 651-423-8652



LEAVE OF ABSENCE REQUEST FORM

You must complete this form for an absence of any length if the reason for the absence is listed on this form and/or for any absence of **more than five (5) working days**, excluding vacation. When the need for leave is foreseeable (expected birth, placement for adoption/foster care, or planned medical treatment), you must give **at least a 30-day notice** (29 C.F.R. § 825.302(a)). **Your employment contract may have other timeline requirements.**

Legal Name:	Employee #:	Home/Cell Phone:	
Position:	Site/ Program:	Supervisor:	
Leave Start Date:	Leave End Date:	Expected Return Date:	

Absence Request Information: This is a new request This is an update/addition/change to an existing or previous request

Type of Leave: Continuous Intermittent Reduced hours

M E D I C A L & F A M I L Y	<input type="checkbox"/>	<p>Medical / Family Leave (please check one (1) box, unless pregnancy/maternity and meet criteria below):</p> <p><input type="checkbox"/> Employee's Personal Medical or <input type="checkbox"/> Pregnancy/Maternity (<u>for pregnant mothers only</u>) For pregnancy/maternity, if leave extends beyond health care provider's certification, <i>also select</i> parental leave. For supporting documentation, submit the <u>WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition</u> form to the District Office with this Leave of Absence Request form.</p> <hr/> <p><input type="checkbox"/> Family Medical for _____ (indicate family member/relation) with a serious health condition. For supporting documentation, submit the <u>WH-380-F Certification of Health Care Provider for Employee's Serious Health Condition</u> form to the District Office with this Leave of Absence Request form.</p> <hr/> <p><input type="checkbox"/> Parental for the birth of a child (for the parent not giving birth and/or for time beyond maternity leave within the first year of child's life) – Attach health provider's statement of expected due date and/or child's birth certificate.</p> <hr/> <p><input type="checkbox"/> Placement of a child through adoption or foster care. – Attach adoption or placement verification.</p>
	<input type="checkbox"/>	<p>Service Member Family and Medical Leave for:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child: son/daughter <input type="checkbox"/> Parent <input type="checkbox"/> Next of kin with a serious injury/illness incurred in the line of duty. For supporting documentation, submit the <u>Certification for Serious Injury or Illness of a Current Servicemember (WH-385) or of a Veteran (WH-385V)</u> form to the District Office with this Leave of Absence Request form.</p> <p style="background-color: yellow; text-align: center;">****Earned Sick/Personal /PTO and/or Vacation days will automatically be used for medical and parental leave.****</p>
M I L I T A R Y	<input type="checkbox"/>	<p>Military Exigency Leave (not eligible for sick leave) 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. For supporting documentation, submit the <u>WH-384 Certification of Qualifying Exigency for Military Leave</u> form to the District Office with this Leave of Absence Request form.</p> <hr/> <p><input type="checkbox"/> Military (per MN Statue 192.261, Subdivision 1). – Attach copy of orders.</p>

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 District approval. I agree to communicate any changes to this leave in writing to HR.

Employee Signature:	Date:
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----- For Benefits and Administrative Use Only -----

<input type="checkbox"/> FMLA Qualified (<i>pending final hours worked; see attached projected work hours</i>)	<input type="checkbox"/> NOT FMLA Qualified (request must go to the Board for approval or denial, unless covered by employment contract)	Dates & Initials of HR Action:	Request Received: Medical Received: Notification Due to EE: Notification Postmarked: Determination Postmarked:
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Superintendent Signature:	Date:
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----- Human Resources Coordinator -----

This leave is covered by federal or state law and/or by the negotiated contract and does not required Board approval.

This leave requires Board action: Approved Denied

 Board Clerk Board Chair Date