

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, attention Shannon Fabick.
 - 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).

Prior to your return

- For personal medical leaves, you are required to submit a doctor's note including workability to Human Resources, attention Shannon Fabick, **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 Shannon Fabick.
- 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 workdays or for any of the leave reason below.

Name		Employee #		Home Phone	
Position		Location		Supervisor	
Requested Dates: Start		– End		Anticipated Return:	
Type of leave: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced hours					
MEDICAL & PARENTAL (may qualify for FMLA)	<input type="checkbox"/> Employee's Medical Leave (please check 1 box) <input type="checkbox"/> Employee medical** or <input type="checkbox"/> Pregnancy/The birth of a child** <input type="checkbox"/> Family Medical** for _____ (indicate family member/relationship) with a serious health condition) <input type="checkbox"/> Placement of a child through adoption or foster care. – Attach adoption or placement verification. **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. <input type="checkbox"/> I have sent/faxed the form to HR <input type="checkbox"/> I have NOT sent the form and will send when completed by the physician Note: Failure to provide a complete and sufficient medical certification may result in a denial of your leave request. Accumulated sick leave will automatically be used. If you are eligible for vacation or earned personal leave and would like to apply those days after your sick leave, please indicate the number of days: _____				
	<input type="checkbox"/> Service Member Family and Medical Leave (not eligible for sick leave) for <input type="checkbox"/> spouse <input type="checkbox"/> son/daughter <input type="checkbox"/> parent <input type="checkbox"/> next of kin with a serious injury or illness incurred through the line of duty. <input type="checkbox"/> 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. <u>Qualifying exigencies may include:</u> military events, financial and legal arrangements, counseling, etc.				
OTHER	<input type="checkbox"/> Military (per MN Statue 192.261, Subdivision 1). – Attach copy of orders. <input type="checkbox"/> Jury duty or subpoenaed witness. – Attach copy of summons. <input type="checkbox"/> Worker's compensation (Claim # _____) <input type="checkbox"/> Mobility (per MN Statute 122A.46, 136F.43, and 354.66) <input type="checkbox"/> Charter school (per MN statute 124E.12, Subdivision 6). – Attach copy of contracted position offered <input type="checkbox"/> Childcare. – Name and age of under-school age dependent child. _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid				

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: _____

Supervisor Signature: _____ Date: _____

For Administrative use:

Exec. Dir. Of Human Resources	<input type="checkbox"/> FMLA <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date	
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Board Action: ☐ Approved ☐ Denied _____

Board Clerk

Board Chair

Date

Copies: ___HR ___Payroll ___File

Revised 09/21