

## Office of Human Resources

Phone 952.681.6440

Fax 952.681.6449



Educational Services Center  
1350 West 106<sup>th</sup> Street  
Bloomington, MN 55431-4126

[www.bloomington.k12.mn.us](http://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.
  - 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](http://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 Yoojin Woodward, **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 Yoojin Woodward.
- 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.

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

**Board Action:** ☐ Approved ☐ Denied \_\_\_\_\_  
**Board Clerk**
**Board Chair**
**Date**