



Office of Human Resources

Phone 952.681.6440

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Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

LONG-TERM LEAVE OF ABSENCE REQUEST FORM
(30 Calendar Days or More)

Name	Employee #	Work Phone
Building	Position	Department
Start Date (on or about)		Return Date (anticipated)

MEDICAL LEAVE

<input type="checkbox"/> Serious health condition of employee	Attach physician note if available or certification forms will be sent to you for your doctor to complete. Note: If eligible, FMLA will be concurrent with leave period.
<input type="checkbox"/> Serious health condition of spouse, child or parent	

PARENTAL LEAVE

<input type="checkbox"/> Birth	Attach physician note with anticipated due date/delivery date, adoption verification letter, or placement verification court order. Note: If eligible, FMLA will be concurrent with leave period.
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Foster Care Placement	

Sick Pay: If accumulated and eligible for use, sick pay will automatically be used if applicable.

Vacation Pay: If vacation (annual leave) is available, vacation will automatically be used.

Intermittent/Reduced Schedule: Will this leave be taken in an intermittent/reduced schedule? Yes No

MILITARY

<input type="checkbox"/> Military duty. Attach copy of orders.
<input type="checkbox"/> Qualifying exigency arising out of the fact that your <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
<input type="checkbox"/> Because you are the <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> parent, <input type="checkbox"/> next of kin of a covered service member with a serious injury or illness.

OTHER LEAVE

<input type="checkbox"/> Paid	Explanation
<input type="checkbox"/> Unpaid	

*I affirm that the information I have provided on this application is accurate and complete.
I acknowledge that I will provide the District additional information as may be requested.*

Employee Signature _____ **Date** _____

FOR OFFICE USE ONLY:

Principal/Supervisor Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied Explanation: _____ Date _____ Signature _____	<input type="checkbox"/> This leave is covered by federal or state law or by the negotiated contract and does not require Board approval.
District Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information <input type="checkbox"/> Conference Requested Explanation: _____ _____ Date _____ Signature _____	Board Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Clerk _____ Date _____ Chair _____