

# Request for Leave of Absence Form

Please complete and return this form to Human Resources 30 days in advance of the leave if possible.

EMPLOYEE INFORMATION:	
Employee Name:	Macalester ID #:
Job Title:	Manager Name:
Schedule: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Hours Work Per Day: <input type="checkbox"/> 7.75 <input type="checkbox"/> Other _____
ABSENCE INFORMATION:	
<input type="checkbox"/> This is a new request.	<input type="checkbox"/> This is an update to an existing request.
Requested Start Date of Leave:	Anticipated Return Date:
TYPE OF LEAVE:	
<input type="checkbox"/> Continuous Leave of Absence	<input type="checkbox"/> Intermittent Leave of Absence (information required below)
<p><u>For Intermittent Absences</u>, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</p>	
REASON FOR LEAVE: Completion of a Certification of Health Care Provider form is required within 15 days of request for most leaves.	
<input type="checkbox"/> Parental Leave – The birth of your child, placement of a child for adoption or foster care. <b>Expected Date:</b> _____	
<input type="checkbox"/> Your own serious health condition that makes you unable to perform some or all of the essential functions of your job.	
<input type="checkbox"/> A serious health condition affecting your <input type="checkbox"/> spouse; <input type="checkbox"/> child; <input type="checkbox"/> parent for which you are needed to provide care.	
<input type="checkbox"/> A 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 in support of a contingency operation as a member of the National Guard or Reserves; or <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.	
<input type="checkbox"/> Other (Non-Medical Reason): Please Describe:	
PAID TIME OFF DURING LEAVE:	
Human Resources will review your available time off balances for all request for leave of absence. Utilization of available balances is required. Once available leave balances are exhausted, the remainder of the leave is without pay.	
SIGNATURES:	
_____	<b>RETURN ALL COMPLETED REQUESTS FOR LEAVE OF ABSENCES TO HUMAN RESOURCES</b>
Employee Signature	
_____	
Date:	
_____	<b>RETURN ALL COMPLETED REQUESTS FOR LEAVE OF ABSENCES TO HUMAN RESOURCES</b>
Manager Signature	
_____	
Date:	
*Managers signature is an acknowledgment of the request and does not indicate leave approval.	

**CONFIDENTIAL & TIME SENSITIVE**

# **Rights and Responsibilities**

## **LEAVES OF ABSENCE TAKE VARIOUS FORMS:**

- All leaves of absences must be acknowledged by your Manager.
- All leaves must be approved in advance by the Provost Office for faculty.
- All leaves must be approved in advance by Human Resources for Staff.
- All paid and unpaid leaves of absence must be recorded through Time Reporting in 1600 Grand.
  - Exempt employees must submit a monthly leave report.
  - Non-Exempt employees must report leave hours on their timesheet.
- Any changes to anticipated leave begin or return to work dates; require that a new Request for Leave of Absence Form be completed.

## **FAMILY MEDICAL LEAVE ACT:**

- If an employee has or will be out of work for an extended period of time the employee must complete a Request for Leave of Absence Form. Questions on the timeframe can be directed to Human Resources.
- Under the Family Medical Leave Act and the MN Parenting Leave Act, employees have certain statutory protected rights for up to 12 weeks of unpaid leave in a 12-month period (prorate by FTE).
- In general, an employee must have worked 1007.50 hours within the last twelve months to be eligible for FMLA.

## **PARENTAL LEAVE:**

- Under Minnesota Law, MN Parenting Leave provides all employees an unpaid leave of a maximum of 12 weeks (prorated by FTE) for the birth or placement of a child for adoption or foster care.
- MN Parenting Leave runs concurrently with FMLA when applicable.
- Faculty should refer to the Faculty Handbook for more information.
- Benefit eligible Staff members (FTE of 0.50 or above) are eligible for up to 12 weeks of paid parental leave (prorated by FTE) immediately upon hire.

## **LEAVE OF ABSENCE PAY:**

- All employees must utilize their available leave balances while on leave (i.e. vacation, sick etc.) prior to taking an unpaid leave.

## **BENEFITS WHILE ON LEAVE:**

- Benefits will continue while out on an approved FMLA or MN Parenting leave of absence.
- Any leave of absence greater than 90 days will cause termination of group insurance coverage. However, the employee will be offered and may elect to continue their coverage at their expense through COBRA continuation.
- Any insurance premium payments which remain unpaid upon return to work following a leave of absence will automatically be deducted out of the employee's first paycheck following return from leave unless other arrangements are made with Human Resources.
- Employees who have elected Short-Term Disability Insurance coverage are responsible for notifying the short-term disability provider regarding initiating a claim.
- Short-Term Disability cannot be stacked with Time Off Benefits resulting in more than 100% of your regular pay.

## **RETURN FROM LEAVE:**

- Employees returning to work from a medical, non-parental, leave of absence will be required to provide a workability report from their treating clinician to their Human Resources 1-week prior to their return to work.
- Upon return from leave, if an employee lost eligibility for any reason, all employee benefits will resume to the employee's general eligibility level.