



Request for Leave of Absence Form

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION:

Employee Name (First, Middle Initial, Last):			
Home Address:	City:	State:	Zip:
Job Title/ Department:	Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		

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"/> Extended Leave of Absence	<input type="checkbox"/> Intermittent Absence (information required below)
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For Intermittent Absences, 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.

REASON(S) FOR LEAVE:

Please indicate the applicable reason(s) for your leave below.

- ☐ The birth of your child, or placement of a child with you for adoption or foster care*; or
☐ Your own serious health condition that makes you unable to perform some or all of the essential functions of your job*; or
(not work related)
☐ A serious health condition affecting your ☐ spouse; ☐ child; ☐ parent for which you are needed to provide care *, or

** For leaves due to your own or a family member's serious health condition, completion of a Certification of Health Care Provider form is required within 15 days of request.*

☐ Parental Leave - Provide the Date of Birth or Placement of Child (if applicable): _____

☐ Personal Leave (Non-Medical Reason)

☐ Workplace Injury / Worker's Compensation (please contact Human Resources for more information)

☐ A qualifying exigency arising out of the fact that your ☐ spouse; ☐ child; ☐ 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

☐ Because you are the ☐ spouse; ☐ child; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness.

☐ Jury Duty Leave

☐ Work Related Leave (i.e. sabbatical, education, research, study, etc.)

☐ Other: Please Describe _____

LEAVE OF ABSENCE PAY CATEGORIES:

Utilization of available balances of vacation/fh, sick, and parental leave is required. Once available leave balances are exhausted, the remainder of the leave is without pay. Employee's approved for FMLA, may request to hold one week's equivalent of vacation hours. I request to use the following leave categories:

Type:	Number of Hours:	Dates:	
		From:	Through:
<input type="checkbox"/> Vacation /fh			
<input type="checkbox"/> Sick			
<input type="checkbox"/> Parental			
<input type="checkbox"/> Leave w/o Pay			

☐ I have verified that I have sufficient accrued leave to take the above requested paid leave.

SIGNATURES & APPROVAL

Employee Signature _____	Date: _____	RETURN ALL COMPLETED REQUESTS FOR LEAVE OF ABSENCES TO HUMAN RESOURCES
Supervisor Signature/Approval _____	Date: _____	

CONFIDENTIAL & TIME SENSITIVE

Rights and Responsibilities

LEAVES OF ABSENCE TAKE VARIOUS FORMS:

- All leaves of absences must be approved by your supervisor and Human Resources.
- All faculty leaves must be approved in advance by the Dean of the College.
- Both paid and unpaid leaves of absence for staff must be reported as follows:
 - Non-exempt staff record leave accrual utilization in the Web-time Entry system
 - Exempt staff record leave accruals monthly in Exempt Leave Reporting
- Any changes that would extend the leave require a new Request for Leave of Absence Form to be completed.

FAMILY MEDICAL LEAVE ACT:

- If an employee has or will be out of work for any combination of three or more work days, the employee must complete a Request for Leave of Absence Form.
- Under the Family Medical Leave Act, employees have certain statutory protected rights for up to 12 weeks of unpaid leave in a 12-month period, and perhaps even more in limited circumstances under the MN Parenting Leave Act.
- In general, an employee must have worked 1250 hours within the last twelve months to be eligible for both FMLA and MN Parenting Leaves.

PARENTAL LEAVE:

- Under Minnesota Law, Mn Parenting Leave provides certain eligible employees an unpaid leave of a maximum of twelve weeks for the birth or adoption of a child.
- MN Parenting Leave generally runs concurrently with FMLA
- Faculty should refer to the Faculty Handbook or contact the Dean of the College for more information
- Employees may be eligible for up to twelve weeks of paid parental leave after they have been employed at Carleton for two years. This benefit is shared if both parents work at Carleton.

LEAVE OF ABSENCE PAY:

- Employees must utilize their available leave balances while on leave (vacation, sick, floating holiday) prior to taking an unpaid leave.
- Sick accruals may not be used for non-medical leaves.

BENEFITS WHILE ON LEAVE:

- Employees will remain benefits eligible during the first six months of their leave. During this leave time, the employee is responsible for paying the employee portion of health care premiums and any other payroll deductions during the period of the leave to ensure continuation of coverage.
- Arrangements for payments must be made through the Human Resource's office.
- Employees who are more than two months behind on payments and do not make arrangements with Human Resources risk losing coverage.
- After the six-month period expires, COBRA benefits will be offered. Under COBRA the employee is responsible for paying the entire premium (employee and employer portions) on any insured benefit plans in which the employee participates.
- It is important to make payments on time to prevent loss of coverage

RETURN FROM LEAVE:

- Employees returning to work from a medical leave of absence will be required to provide a "workability" report from their primary care clinician to Human Resources prior to their return to work.
- Carleton will try to return employees on personal to their previous position and wage. However, we make no guarantees and final decisions will be based on operational needs. Employment at Carleton remains at-will.

OTHER LEAVE TYPES:

- Please contact Human Resources for information on other leave types such as:
 - School Conference and Activity Leave
 - Bone Marrow Leave
 - Civic Duty
 - Funeral Leave