



# 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):	Macalester ID #:		
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)
<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(S) FOR LEAVE: <i>Please indicate the applicable reason(s) for your leave below.</i>	
<input type="checkbox"/> The birth of your child, or placement of a child with you for adoption or foster care*; or <input type="checkbox"/> 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) <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 *, 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.	
<input type="checkbox"/> Parental Leave - Provide the Date of Birth or Placement of Child (if applicable): _____	
<input type="checkbox"/> Personal Leave (Non-Medical Reason)	
<input type="checkbox"/> Workplace Injury / Worker’s Compensation (please contact Employment Services for more information)	
<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"/> Jury Duty Leave	
<input type="checkbox"/> Work Related Leave (i.e. sabbatical, education, research, study, etc.)	
<input type="checkbox"/> Other: Please Describe _____	

LEAVE OF ABSENCE PAY CATEGORIES:			
Utilization of available balances of vacation, medical, 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			
<input type="checkbox"/> Medical			
<input type="checkbox"/> Parental			
<input type="checkbox"/> Leave w/o Pay			
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave.			

SIGNATURES & APPROVAL	
_____ Employee Signature	_____ Date:
_____ Supervisor Signature/Approval	_____ Date:

**RETURN ALL COMPLETED REQUESTS FOR LEAVE OF ABSENCES TO EMPLOYMENT SERVICES**

**CONFIDENTIAL & TIME SENSITIVE**

# **Rights and Responsibilities**

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

- All leaves of absences must be approved by your supervisor.
- All parental, personal and education leaves must be approved in advance by the Provost Office for faculty.
- All parental, personal and education leaves must be approved in advance by Employment Services for Staff.
- All paid and unpaid leaves of absence must be reported and recorded through Time Reporting through 1600 Grand.
  - Exempt employees must submit a monthly exception report.
  - Non-Exempt employees must report leave hours used through the Stromberg Payroll system.
- 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 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 for more information.
- Staff members may be eligible for up to six weeks of paid parental leave after they have been employed at Macalester for two years, or prorated if they have been employed at Macalester between one to two years.

## **LEAVE OF ABSENCE PAY:**

- All employees must utilize their available leave balances while on leave (i.e. vacation, medical, etc.) prior to taking an unpaid leave.
- For maternity leave, leave balances are exhausted first by utilizing medical, then vacation and then parental leave in that order.
- For paternity leave, parental leave is exhausted first.

## **BENEFITS WHILE ON LEAVE:**

- Any unpaid leave of absence greater than 30 days will require the employee to write Macalester College a check for their portion of the employee's insurance coverage. Otherwise, termination of the group insurance coverage will occur.
- 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 through Employment Services.
- Employees who have elected Short Term Disability Insurance coverage are responsible for notifying their short-term disability provider regarding initiating a claim.

## **RETURN FROM LEAVE:**

- Employees returning to work from a personal medical leave of absence will be required to provide a "workability" report from their primary care clinician to their supervisor prior to their return to work.
- Upon return from leave, all employee benefits will resume to the employee's general eligibility level.

## **OTHER LEAVE TYPES:**

- Please contact Employment Services for other leave types such as:
  - School Conference and Activity Leave: 16 hours per 12 month period
  - Bone Marrow Leave: Employees averaging 20+ hours per week may be eligible for up to 40 hours of paid leave to donate bone marrow
  - Election Judge Leave: All employees participating as an election judge will be made whole for wages on Election Day
  - Bereavement Leave: After 90 days of employment, benefit eligible staff employees are entitled to leave with pay consistent with the Employee Handbook