# **Request for Leave of Absence Form**



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

## MACALESTER

EMPLOYEE INFORMATION:							
	Macalester ID #.	Macalester ID #:					
Employee Name (First, Middle Initial, Last):			iviacalester ID #:	iviacaiestei ID#:			
Home Address:		City:		State:	Zip:		
Job Title/ Department:		Telephone Numb	Telephone Number  HOME CELL				
ABSENCE INFORMATION:							
☐ This is a new request.	☐ This is an upo	☐ This is an update to an existing request.					
Requested Start Date of Leave:			Anticipated Retu	Anticipated Return Date:			
TYPE OF LEAVE:							
Extended Leave of Absence			☐ Intermittent A	☐ Intermittent Absence (information required below)			
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 Employment Services 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; spouse; parent; parent; secure 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 time off benefits is required. Once available time off balances are exhausted, the remainder of the leave of absence 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 categorie		for FMLA, may request	t to hold one week's e	equivalent of vacati	on hours.	I request to use the	
Tollowing loave entegolis		Name have of Harries	]	Dates:			
	Type:	Number of Hours:	From:	Through	:		
	Vacation						
	Medical Parental						
	Leave w/o Pay						
☐ I have verified that I have sufficient accrued time off balances to take the above requested paid leave of absence.							
SIGNATURES & APPROVAL							
Employee Signature Date:			RETURN ALL COMPLETED REQUESTS				
FOR LEAVE OF ABSE							
g : g: /:				EMPLO	OYMENT	T SERVICES	
Supervisor Signature/Ap	proval	Date:					

# **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 of absence must be approved in advance by the Provost Office for faculty.
- All parental, personal and education leaves of absence 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.
  - o Exempt employees must submit a monthly leave report.
  - Non-Exempt employees must report leave of absence hours used through 1600grand or applicable time card system.
- Any changes to anticipated leave of absence 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 (prorated per FTE) 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 time off balances while on leave (i.e. vacation, sick time, etc.) prior to taking an unpaid leave.
- For parental leave of more than 6 weeks, accrued and available sick time may only be used during the period of time away in which the employee meets the criteria of utilizing sick time which is typically the first six weeks following the delivery consistent with when medical professionals classify the need for medical care and oversight. Generally, paid parental leave is utilized following utilization of sick time and then vacation time is utilized last if needed. Individual circumstances can vary depending on length of service with Macalester, FTE, available time off balances and Employment Services will partner with each individual to develop the optimal time off utilization.

#### 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 and COBRA offered.
- 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