

MCAD LEAVE OF ABSENCE (LOA) REQUEST FORM

To request a Leave of Absence, please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical). Note that depending on the leave type, approval may be contingent on several factors, including but not limited to: eligibility, medical certification, manager approval, etc.

Employee Name (print clearly): _____ Position: _____ Dept: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this leave request is (select the most appropriate box):

- FMLA/MN Parental Leave: Birth of a son or daughter and to care for the newborn child (subject to eligibility, certification, and re-certification).
- FMLA/MN Parental Leave: Placement with the employee of a son or daughter for adoption or foster care (subject to eligibility, certification, and re-certification).
- FMLA: To care for the employee's spouse, son, daughter or parent with a serious health condition (subject to eligibility, certification, and re-certification).
- FMLA: A serious health condition that makes the employee unable to perform the functions of the employee's job (subject to eligibility, certification, and re-certification).
- FMLA: A qualifying emergency or need arising out of the fact that the employee's spouse, son, daughter or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status) (subject to eligibility, certification, and re-certification).
- FMLA: To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member (subject to eligibility, certification, and re-certification).
- PERSONAL LEAVE: Personal leave, other than the circumstances listed above (subject to approval on a case by case basis).
- OTHER LEAVE: Other LOA not listed above.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

For FMLA leaves, additional information about employee rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided). Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request.

For other leaves, additional time may be needed to review the request and conditions.

Return to Human Resources Department, M16. Please contact Human Resources with any questions.

Employee Signature: _____ Date: _____

For HR use ONLY: Date received: _____ FMLA Eligible: Y/N FMLA Eligibility Notice sent: _____