

# REQUEST FOR A LEAVE OF ABSENCE

Edina Public Schools

Please complete this form if you wish to request a leave of absence from your employment with Edina Public Schools. Refer to your master agreement regarding your specific options and eligibility for a leave of absence. After you have completed this form, you need to sign and date it, and then forward to your building principal or supervisor. See your contract for specific details.

Name \_\_\_\_\_ Building \_\_\_\_\_  
(please print)

Assignment \_\_\_\_\_

Home Address \_\_\_\_\_  
street apt. # city state zip code

Supervisor's Name \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

## Please indicate type of leave you are requesting:

- |   |   |
|---|---|
| <input type="checkbox"/> Child care/Parental leave <i>(A doctor's note is required. May meet FMLA requirements for up to 12 weeks of leave. Please complete FMLA Application)</i> | <input type="checkbox"/> Long Term Leave of Absence <i>(Section 3.05 of teacher master agreement)</i>                                   |
| <input type="checkbox"/> Medical <i>(A doctor's note is required. May meet FMLA requirements for up to 12 weeks of leave. Please complete FMLA Application)</i>                   | <input type="checkbox"/> TRA Extended Leave of Absence*   |
| <input type="checkbox"/> Sabbatical   | <input type="checkbox"/> Superintendent's discretionary _____<br><i>(Please state reason or attach separate sheet with explanation)</i> |
| <input type="checkbox"/> Military <i>(Please provide copy of military orders.)</i>  | <input type="checkbox"/> Other (Please explain) _____   |
| <input type="checkbox"/> Judicial (i.e., jury duty)<br><i>(Please provide copy of summons.)</i>   | _____   |

\*A TRA extended leave request must meet the qualifications of TRA. Please visit TRA's website: [www.tra.state.mn.us](http://www.tra.state.mn.us)

Leave start date \_\_\_\_\_ Leave end date \_\_\_\_\_  
*(For requests of just a few days, please list the actual dates being requested.)*

Will this leave be part time or full time?  Part time  Full time

If the requested leave is part time, please give details: \_\_\_\_\_  
(i.e., .5 FTE, or 4 hours per day, etc.)

Will this leave be paid or unpaid?  Paid  Unpaid

If you are asking for a paid leave, please indicate if you will be using available sick leave and/or disaster leave.

I intend to use my available sick leave. A doctor's note is required.

I intend to use sick leave pool/disaster leave to cover any period of disability after all accumulated sick leave has been exhausted. A doctor's note is required. The total length of time covered by disaster leave shall cease after the 65<sup>th</sup> duty day of absence.

\_\_\_\_\_  
Employee signature Date \_\_\_\_\_

## For Administrative & District Office Use Only:

Disposition:

Approved  Denied  Approved  Denied  Approved  Denied

\_\_\_\_\_  
Principal's/Supervisor's Signature Director of Human Resources Superintendent

Please forward completed form to Human Resources.