

Date: _____

Employees Name: _____ Building: _____

I will be requesting Minnesota Paid Leave for the following dates _____ to _____
_____. My planned return date to work is _____.

I am requesting leave for the following qualifying events:

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- Bonding Leave – to care for and bond with a child welcomed through birth, adoption, or foster placement
- Caring Leave – to care for a family member with a serious health condition
- Military Family Leave – to support a family member called to active duty
- Safety Leave – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

I acknowledge that I need to apply for the Minnesota Paid Leave at this website. _____ (initial here)
<https://mn.gov/deed/paidleave/>

I have notified my direct supervisor I am submitting this request _____ (initial here)

I acknowledge that I am responsible for paying for my payroll deductions that the district does not pay for.

I will be paying for these deductions the following way:

- Use my vacation/sick/personal time to cover these deductions
- I will be paying for the deductions the following way

Employee Signature: _____ Date: _____

District Office Approval: _____ Date: _____