



Independent School District 6076
1201 13th Avenue South
Virginia, MN 55792-3361
Phone (218) 741-9201 or 1-800-450-4772
Fax (218) 741-5384

Jackie Ward
Interim Executive Director

EXTENDED LEAVE OF ABSENCE REQUEST

Name: _____ Date of Request: _____

Position: _____ Building: _____

Date you wish to begin leave: _____ Date you anticipate to return to work: _____

TYPE OF LEAVE REQUESTED

___ FMLA Please check reason below:

- ___ Birth, Adoption or Foster Care Placement
___ Serious Health Condition of Employee
___ Serious Health Condition of Family Member
___ Military Care giving Leave
___ Qualifying Exigency Leave Related to Family Member's Call to Duty or Active Duty

FMLA note: To be eligible you must have worked for at least 1 year and 1250 hours over the previous 12 months.

- ___ Military Leave (to attend training or active service)
___ Medical Leave
___ Parental Leave
___ Personal Leave
___ Education Leave
___ Without Pay

YOUR RESPONSIBILITIES

- 1. Medical Certificate: If you are requesting a FMLA medical leave for yourself or to care for a family member, a health care provider must provide a medical certificate and it must be returned to the payroll department within 15 days of this request for a leave.
2. Benefits: If you continue to receive paychecks during your leave, deductions for medical insurance will continue as applicable. If you are unpaid during your leave, ISD 6076 will contact you to arrange payment for your insurance.
3. Return to work form: Prior to returning to work from a medical leave because of your own health condition, you must submit an authorization for return to work from your health care provider. You will not be permitted to return to work until this form is submitted.
4. Extending an LOA: If you wish to extend your LOA, you must contact the Executive Director at least 14 days prior to your expected return to work date. If the extension takes the LOA period beyond the FMLA period, FMLA provisions will no longer apply.
5. Returning from an LOA: Please contact the Executive Director 14 days before your expected return to work date to confirm your schedule.
6. Failure to return to work without an approved extension will be considered a voluntary resignation.

Employee Signature _____ Date _____

Executive Director Signature _____ Date _____

LOA approved ___ LOA Denied ___ School Board meeting date _____

Date response given to employee _____ Approximate pay end date _____